

L16 000 168 953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

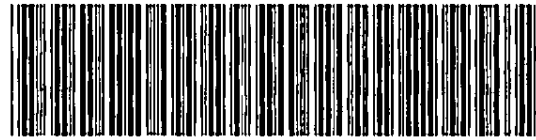
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A handwritten signature or mark consisting of a large loop and a tail.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2022

GEORGE INDEST III
THE HEALTH LAW FIRM, P.A.
1101 DOUGLAS AVENUE, STE 1000
ALTAMONTE SPRINGS, FL 32714

SUBJECT: THE MAGNOLIA MOUNT DORA, LLC
Ref. Number: L16000168953

We have received your document for THE MAGNOLIA MOUNT DORA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 422A00023737

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE MAGNOLIA MOUNT DORA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George F. Indest III
Name of Person

The Health Law Firm, P.A.
Firm/Company

1101 Douglas Avenue, Suite 1000
Address

Altamonte Springs, Florida 32714
City/State and Zip Code

CourtFilings@TheHealthLawFirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George F. Indest III at (407) 331-6620
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

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CLERK OF COURT
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: THE MAGNOLIA MOUNT DORA, LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (*Note: MUST BE STREET ADDRESS*) (*Note: MAY BE POST OFFICE BOX*)

347 E. 3RD AVE.

347 E. 3RD AVE.

MOUNT DORA, FL 32757

MOUNT DORA, FL 32757

09/09/2016

L16000168953

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

THE HEALTH LAW FIRM

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

766 N. SUN, 1101 DOUGLAS AVE.

ALTAMONTE SPRINGS, FL 32714

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 TALLHASSEE, FL

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

THE HEALTH LAW FIRM, P.A.

NEW Registered Office Address:

1101 DOUGLAS AVENUE, SUITE 1000

ALTAMONTE SPRINGS, FL 32714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

George F. Indest III
 Signature of a member or authorized representative of a member

George F. Indest III, Legal Representative/Attorney
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

George F. Indest III, Pres.
 Signature of Registered Agent