

16 000207449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2019

CHERYL ANDERS  
11924 FOREST HILL BLVD STE 10A-413  
WELLINGTON, FL 33414

SUBJECT: JOY FULLER ARNP, LLC  
Ref. Number: L16000207449

We have received your document for JOY FULLER ARNP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 219A00019121

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Joy Fuller ARNP, 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:

Cheryl Anders

\_\_\_\_\_  
Name of Person

Think Big Health Care Solutions, LLC

\_\_\_\_\_  
Firm/Company

11924 Forest Hill Blvd Ste 10A-413

\_\_\_\_\_  
Address

Wellington , Florida 33414

\_\_\_\_\_  
City/State and Zip Code

cheryl.anders@thinkbighcs.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Anders at ( 561 ) 758-3360

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Joy Fuller APRN, LLC
2. (a) 6234 S. Congress Avenue  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Lantana, Florida 33462
- (b) c/o Think Big Health Care Solutions, LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
11924 Forest Hill Blvd Ste 10A-413  
Wellington, Florida 33414
3. 11/14/2016 Date of filing/registration in Florida
4. L16000207449 Document number

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

c/o Think Big Health Care Solutions, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11924 Forest Hill Blvd Ste 10A-413

Wellington, FL 33414

- (b) Cheryl Anders

Enter name of NEW Registered Agent and/or NEW Registered Office address:

c/o Think Big Health Care Solutions, LLC

NEW Registered Office Address:

11924 Forest Hill Blvd Ste 10A-413

Wellington, FL 33414

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.

[Signature]  
Signature of a member or authorized representative of a member

Joy Fuller APRN AP  
Printed or typed name of signer

*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.*

[Signature]  
Signature of Registered Agent