

116000225286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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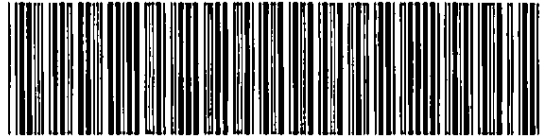
(Business Entity Name)

(Document Number)

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2018 MAY 25 PM 5:08  
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TALLAHASSEE, FLORIDA

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MAY 29 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DL HEALTH CLAIM SOLUTIONS  
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:

DENISE SIKORA  
Name of Person

DL HEALTH CLAIM SOLUTIONS  
Firm/Company

1212 ZAPATA PL  
Address

LADY LAKE FL 32159  
City/State and Zip Code

DSIKORA@DLHEALTHCLAIM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENISE SIKORA at ( 732 ) 672-2717  
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: DL HEALTH CLAIM SOLUTIONS

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)

117 N. HIGHWAY 441/27  
SUITE 205, 2ND FLOOR  
LADY LAKE, FL, 32159

12/13/2016

L16000225286

3. Date of filing/registration in Florida

4. Document number

5. (a) BUSINESS FILINGS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1300 SOUTH PINE ISLAND RD.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) DENISE R. SIKORA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

117 N. HWY 441/27  
NEW Registered Office Address:

SUITE 205, 2ND FLOOR

LADY LAKE, FL 32159

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.

Denise R. Sikora

Signature of a member or authorized representative of a member

DENISE R. SIKORA

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.*

Denise R. Sikora

Signature of Registered Agent

FILED  
2016 MAY 25 PM 5:08  
CLERK OF STATE  
TALLAHASSEE, FL 32399