

L16000 229 288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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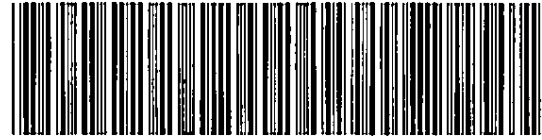
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Radiology Specialists of North Florida 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:

Joshua Yellin  
\_\_\_\_\_  
Name of Person

Radiology Specialists of North Florida LLC  
\_\_\_\_\_  
Firm/Company

610 John Churchill Chase St, suite 1  
\_\_\_\_\_  
Address

New Orleans, LA 70130  
\_\_\_\_\_  
City/State and Zip Code

joshuayellin@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Yellin at ( 504 ) 473-8563  
\_\_\_\_\_  
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: Radiology Specialists of North Florida LLC
2. (a) Joshua Yellin Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
210 S Federal Hwy, suite 403  
Hollywood, FL 33020  
12/20/2016
- (b) Joshua Yellin Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
610 John Churchill Chase St, suite 1  
New Orleans, LA 70130  
L16000229288
3. 12/20/2016 Date of filing/registration in Florida
4. L16000229288 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
515 East Park Avenue  
Tallahassee, FL 32301

(b) Joshua Yellin  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
210 S Federal Hwy, suite 403  
Hollywood, FL 33020

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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 of a member or authorized representative of a member

Joshua Yellin  
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.*

Signature of Registered Agent