

3/26/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L17000035900

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((H180000964573))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000981
Phone : (307)200-2803
Fax Number : (855)330-1010

2018 MAR 26 AM 9:59
STATE OF FLORIDA
TALLAHASSEE

FILED

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
DRMAMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Electronic Filing System - Corporation Filing System

MAR 27 2018
J. HARRIS

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: DRMAMS, LLC

2. (a) 3600 GREAT FALLS CIRCLE (b) 3600 GREAT FALLS CIRCLE
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
ANN ARBOR, MI 48108 ANN ARBOR, MI 48108

3. 02/14/2017 4. L17000035900
Date of filing/registration in Florida Document number

5. (a) WENZEL, KENNETH A
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

1800 N. MILITARY TRAIL
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 120
BOCA RATON FL 33431

(b) Northwest Registered Agent, LLC.
Enter name of NEW Registered Agent and/or NEW Registered Office address

3030 N. Rocky Point Dr.
NEW Registered Office Address
STE 150A

Tampa FL 33607

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

Morgan Noble Morgan Noble
Signature of a member or authorized representative of a member 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
advised in writing of this change.

Tom Glover Tom Glover - Assistant Secretary
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA