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COVER LETTER

TO: Registration Section Division of Corporations	•.	^ &	
SUBJECT: Jacqu	Name of Limited	Services	PLLC
	Name of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/R	egistered Office Change a	nd fee(s) are submitted	I for tiling.
Please return all correspondence of	oncerning this matter to the	he following:	
Jacquel, ne	De Mar Person		
Jacqvie's Firm/Cor	Pro Med Servi	ces PLLC	2019 HAR
1149 Hillabora	M.1c #308N		21
Addres	\$		
H; 11s boro Bea	ch, FL 3304	,2	PH 2: 21
City/State an	d Zip Code		
Jacquie 9@9W E-mailaddress: (to be used	ail COM for future annual report no	otification)	
For further information concerning	g this matter, please call:		
Jacqueline Dell' Name of Person	1 <u>ar</u> ar (<u>95</u>	4 <u>798 · 19</u> Area Code & Day	338 rtime Telephone Number
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, Florida 3230	rele	MAILING ADDRES: Registration Section Division of Corporatio P.O. Box 6327 Tallahassec, Florida 32	ons
Enclosed is a check for t	he following amount:		
☑ \$25 Filing Fee		\$55 Filing Fee & Cert	tified 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. Na	ame of the limited liability company: $\int dcgv$	1es Fromed	Services PLLC
2. (a)	1149 Hillsboro Mile # 308 N	(b) Hillsho	ro Beach, FL 33062
(/	Principal office address of limited liability company:	Mailing	address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(<u>Note:</u>	: MAY BE POST OFFICE BOX)
			
	13.25-19	L1700	0048 501
3.	Date of filing/registration in Florida	· · · · · · · · · · · · · · · · · · ·	ment number
J.		r. isveu	nem mannet
5. (a)			
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:	
	United States Corporate Ac	gents INC.	2
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	APPRO FILI 2019 HAR 27 SECRETS
		Callet Sula A	
	13302 Winding Oak	LOUR L DUTTE	R FEAR
	Tamba J FL	33612	金融 一品码
			2 P
(b)	Jacqueline DeMar		三 2
(,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	型 2
	1110 11 11 1 1 #	11 11 1 0	1 1 220/02
	1149 Hillsboro Mile #308N	Hillsboro Bac	h, r.L. 3300
	NEW Registered Office Address:		,

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, FI
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 Tacque Interview of the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
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
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

APPROVED
AND
FILED
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