

L170000 80238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

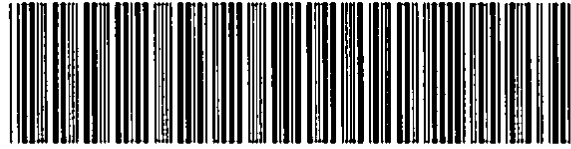
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000301346390

07/17/17--01022--001 \*35.00

STATEMENT OF WORK  
TALLAHASSEE 119803

2017 AUG -4 PM12:25

FILED

AUG 11 2017  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premier Telehealth, 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:

Jacquelyn Trask, Esq.  
Name of Person

Oppenheim Law  
Firm/Company

2500 Weston Rd., Suite 404  
Address

Weston, FL 33331  
City/State and Zip Code

jtrask@oplaw.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquelyn Trask, Esq. at ( 904 ) 384-6114  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2017

JACQUELIYN TRASK  
OPPENHEIM LAW  
2500 WESTON RD, SUITE 404  
WESTON, FL 33331

SUBJECT: PREMIER TELEHEALTH, LLC  
Ref. Number: L17000080238

We have received your document for PREMIER TELEHEALTH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 617A00014821

RECEIVED  
2017 AUG -4 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2017 AUG -4 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Premier Telehealth, LLC

2. (a) 1700 N. University Dr., Suite 302  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Coral Springs, FL 33071

(b) 1700 N. University Dr., Suite 302  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Coral Springs, FL 33071

3. 4/10/2017  
Date of filing/registration in Florida

4. L170000080238  
Document number

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

6574 W. State Rd. 7, Suite 211

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Coconut Creek, FL 33073

\_\_\_\_\_, FL \_\_\_\_\_

(b) Jacquelyn Trask, Esq., Oppenheim Law  
Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address:

2500 Weston Rd., Suite 404

**NEW** Registered Office Address:

Weston, FL 33331

\_\_\_\_\_, FL \_\_\_\_\_

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

Lisa Merlonchini, Manager

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]

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

**FILED**  
2017 AUG -4 PM 12:25  
TALLAHASSEE, FLORIDA