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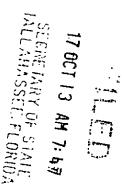
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: LAKE WORTH MEDICAL ALLIA	ANCE LLC	
	Limited Lia	bility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the fo	ollowing:
IVAN FIELD		
Name of Person		-
LAKE WORTH MEDICAL ALLIANCE LLC		
Firm/Company		_
6405 BISCAYNE BLVD SUITE 3		
Address		_
MIAMI, FL 33138		
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	_
IVANJFIELD@GMAIL.COM		
E-mail address: (to be used for future annual	report notific	ation)
For further information concerning this matter, plea	ase call:	
IVAN FIELD	201 t (638-7889
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 amo	ount:	
☑ \$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 Na	nme of the limited liability company: LAKE WORT	H MEDIC	AL ALLIANCE LLC
((a)		(b)	Mailing address of limited liability company:
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6405 BISCAYNE BLVD SUITE 3	6	405 BISCAYNE BLVD SUITE 3
	MIAMI, FL 33138	<u>N</u>	MAMI, FL 33138
	5/23/2017	L1	7000113114
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	ANDREW CETTEI	_	
	Registered Office Address 1350 COVEY CT	ADDRESS)	17 0 SEGR IALL A
	VENICE FI	34293	AHASS
(b)	Enter name of NEW Registered Agent and/or NEW Registered SCOT BROWN	d Office addre	AH 7: 49 OF STATE C.FLORIDA
	NEW Registered Office Address:		
	1438 JEFFERSON STREET		<u></u>
	HOLLYWOOD F	_L 33020	
the chagent was/w the ar Sign I heroprovise the object to me	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member leby accept the appointment as registered agent and agreement of all statutes relative to the proper and completed reflect a change in the registered office address.	of the limit of the limit of the limited lia LVAN	pany, it is hereby confirmed that the change(s) ned liability company or as otherwise provided in ability company. VELD Printed or typed name of signee in this capacity. I further agree to comply with the capacity in the foundation with and accept