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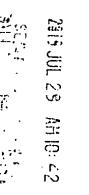
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nar	ne)
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	V.F. Medical Billing & Consu	ulting, LLC	
.50150		e of Limited	Liability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to th	e following:
Vince	ent Ferguson		
	Name of Person		
V.F. I	Medical Billing & Consulting, LLC		
	Firm/Company		
1000	8 Carloway Hills Dr.		
-	Address		
Wima	auma, Florida 33598		
	City/State and Zip Code		
A1.V	FConsulting@Gmail.com		
ŀ	E-mail address: (to be used for future ann	ual report not	ification)
For fur	rther information concerning this matter.	please call:	
Vince	ent Ferguson	813 at (	619-3441
**	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	<b>2</b> 0 (	\$55 Filing Fee & Certified Copy
INHSI	8 (2/14)		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FU LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

I. Na	nme of the limited liability company: V.F. Medica	al Billing	& Consulti	ng, LLC			
2. (a)	10008 Carloway Hills Dr	,	<sub>b)</sub> Р.О. Во	x 4078			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		dailing address (Note: MAY)		_	
	Wimauma, Florida 33598		Brandon	, Florida 33	3509-40	78	
	06/05/2017		L1700012	21807			
3.	Date of filing/registration in Florida	4.	· ·	Document nu	umber		
5. (a)	United States Corporation Agents, Inc.						
J. (a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE;	<u>3.5)</u>				
	Tampa	FL_3361	2				
(b)	Vincent Ferguson				걸	2315	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	name of NEW Registered Agent and/or NEW Registered Office address:			****	2115 JUL	• • • • • • • • • • • • • • • • • • • •
					`r.	23	
	NEW Registered Office Address:					WH IO:	
	10008 Carloway Hills Dr				,	2 €	**************************************
	Wimauma	FL_3359	8		;; .	<b>L</b> .	
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of s of the li	istered office company, it is mited liability	and the busi hereby conf company or	ness offic irmed tha	e of the t the ch	register ange(s)
1/11	ICEN A FELOW	<u>V</u> i	ncent Fergi				
E	ture of a member or authorized representative of a member			Printed or type		-	
- I here.	by accept the appointment as registered agent and a	igree to a	ct in this cape	icity. I furthe	r agree t	o comp	ly with th

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 accepted obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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 Agen