

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: V.F. Medical Billing & Consulting, 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:

Vincent Ferguson

Name of Person

V.F. Medical Billing & Consulting, LLC

Firm/Company

10008 Carloway Hills Dr.

Address

Wimauma, Florida 33598

City/State and Zip Code

A1.VFConsulting@Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent Ferguson

at (813) 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

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT FOR BOTH FULLY OWNED 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: V.F. Medical Billing & Consulting, LLC

2. (a) 10008 Carloway Hills Dr (b) P.O. Box 4078

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Wimauma, Florida 33598

Brandon, Florida 33509-4078

06/05/2017

L17000121807

3. Date of filing/registration in Florida 4. Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

13302 Winding Oak Court A

Tampa, FL 33612

(b) Vincent Ferguson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

10008 Carloway Hills Dr

Wimauma, FL 33598

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FILED

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.

Vincent Ferguson
Signature of a member or authorized representative of a member

Vincent Ferguson
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 all 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.

Vincent Ferguson
Signature of Registered Agent