

617 000 171907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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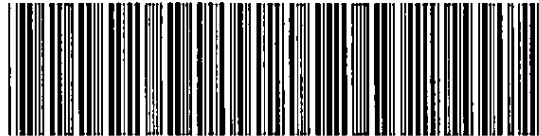
(Business Entity Name)

(Document Number)

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEROMEDICAL NEUROLOGY 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:

JOHN HASTINGS, M.D.
Name of Person

AEROMEDICAL NEUROLOGY LLC
Firm/Company

3001 N. ROCKY POINT DRIVE EAST, STE 200
Address

TAMPA, FL 33607
City/State and Zip Code

hastings79@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN HASTINGS at (918) 809-2040
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 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: AEROMEDICAL NEUROLOGY LLC

2. (a) 6108 BAY CLUB COURT

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

ROCKY POINT FL
33607

(b) 6108 BAY CLUB COURT

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

ROCKY POINT FL
33607

3. 16-JUN-2017
Date of filing/registration in Florida

4. L17000131907
Document number

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

6108 BAY CLUB COURT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

~~STATE~~
ROCKY POINT, FL 33607

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3001 N. ROCKY POINT DRIVE EAST
NEW Registered Office Address:

SUITE 200
TAMPA, FL 33607

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.

John Hastings
Signature of a member or authorized representative of a member

JOHN HASTINGS
Printed or typed name of signer

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.

John Hastings
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00