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Birthoris Hilliam Inc. 49 Co. Co.



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Millennals In Mudicul 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: | | | | | |
| Hannah E Tucker Name of Person | | | | | |
| Millennials In Medicine Firm/Company | | | | | |
| 90 SW 3rd Street # 1701 Address | | | | | |
| Mrami, Flondw 33130 City/State and Zip Code | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Hannah Tucker at (786) 309-2335 | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | | |
| Registration Section Registration Section | | | | | |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 | | | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$25 Filing Fee \$\Bigsim \\$55 Filing Fee & Certified Copy | | | | | |

INHS18 (2/14)

STÀTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO

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

| l Name - | Cabo limited linklike community | Millenni | als Ir | Medic | - 14. ¢ . | | |
|---|--|--|--|---|--|-------------------------|--|
| | of the limited liability company: O SW 3rd Street | # 1701 | (b) | | SAME | | |
| 2. (a) <u>9</u> 0 | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Miami, Florida | 3313D | | | | | |
| | | | | | | | |
| | June 20, 2017 | <u> </u> | | L17000 | 135301 | | |
| 3. | Date of filing/registration in | i Florida | 4. | Documen | it number | | |
| Regis | EGALING CORF stered Agent and Registered Office show 5237 SUMMEKL | wn on the records of the | Florida Dept. o | 7 | 20 | | |
| | stered Office Address (MI/ST RE F | | | | 三 | أمسآمده | |
| | Suite 400 | | • | | 2019 JUL | | |
| | | · | 2 20 0 | | | [| |
| | FORT MYERS | , FL | 3390 | <u></u> | 品品 | | |
| (b) | Hannah E. Ti | ucker | | | ထ | 0 | |
| Enter | name of NEW Registered Agent and/ | or <u>NEW Registered O</u> | ffice address: | | 10 | | |
| NEW NEW | SAME AS V Registered Office Address: | Above in | 2.(a) | | | | |
| 14124 | registered Office Address. | | | | | | |
| | | | | | | | |
| | | , FL | | | | | |
| the change of agent will be was/were au | d liability company is not organior changes are made, the Florida e identical. Or, in the case of a lathorized by an affirmative vote of organization of the operating a | street address of the Florida limited liab of the members of t | e registered ility compan the limited li mited liabilit | office and the by, it is hereby cability company company. | ousiness office of to onfirmed that the offy y or as otherwise p | he registe change(s) | |
| - 1 | Men - | | Andrea | J. Jucke | typed name of signee | | |
| Signatu £ of | a member or authorized representative | | | | | • | |
| I hereby acc provisions o | cept the appointment as register of all statutes relative to the prop ons of my position as registered | ed agent and agree per and complete pe | to act in thi. erformance o | s capacity. I fu f my duties, and | rther agree to con d I am familiar wit | iply with the hand acc | |

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 act the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fit 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 chapte.

Signature of Registered Agent