

L17000166490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

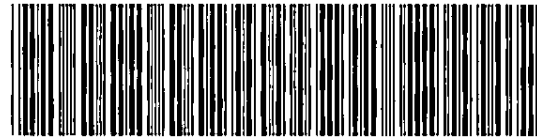
(Business Entity Name)

(Document Number)

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NOV 29 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATRIOT HEALTH, 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:

DOTTIE RANDAZZO

Name of Person

PROFESSIONAL LEGAL ASSISTORS, INC.

Firm/Company

P.O. BOX 3258

Address

WILMINGTON, DE 19804

City/State and Zip Code

dottie@biz-usa.com

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

For further information concerning this matter, please call:

DOTTIE RANDAZZO

Name of Person

at (302) 999-9960

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 NOV 27 PM 12:58
TALLAHASSEE, FLORIDA

November 14, 2017

DOTTIE RANDAZZO
PROFESSIONAL LEGAL ASSISTORS, INC
P.O. BOX 3258
WILMINGTON, DE 19804

SUBJECT: PATRIOT HEALTH, LLC
Ref. Number: L17000166490

We have received your document for PATRIOT HEALTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Section 5(b) have not been completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 117A00023051

11-20-17

*Corrections made.
Resubmitted for filing.*

2017 NOV 27 AM 8:20
TALLAHASSEE, FLORIDA

**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: PATRIOT HEALTH, LLC

2. (a) _____ (b) 18208 Preston Rd.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Suite D-9 #319

Dallas, TX 75252

08-04-2017

L17000166490

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent not changing
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Registered Agent not changing
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____, FL _____

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.

Jannela Skees
Signature of a member or authorized representative of a member

JANNELA SKEES

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.

Signature of Registered Agent