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TALLAHASSEE, FLORIDA

JAN 1 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY HOME SLEEP TESTING 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:

SANDRA WINDSOR

Name of Person

WALTER S SANDERS & ASSOCIATES, PA

Firm/Company

16528 N DALE MABRY HWY

Address

TAMPA FLORIDA 33618

City/State and Zip Code

SANDI@WALTERSANDERS.COM

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

For further information concerning this matter, please call:

SANDRA WINDSOR

at (813) 961-0094

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

2018 DEC 26 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4 **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: MY HOME SLEEP TESTING LLC

2. (a) 1990 N PROSPECT AVE (b) PO BOX 2066

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

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

LECANTO, FL 34461

LECANTO, FL 34460

06/12/2017

L17000128502

3. Date of filing/registration in Florida

4. Document number

5. (a) EDWARD J. SERRA CPA PLLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6118 W CORPORATE OAKS DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CRYSTAL RIVER, FL 34429

(b) WALTER S. SANDERS

Enter name of NEW Registered Agent and/or NEW Registered Office address:

16528 N DALE MABRY HWY

NEW Registered Office Address:

TAMPA, FL 33618

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.

[Signature]
Signature of a member or authorized representative of a member

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 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.

Walter Sanders 11/13/2018
Signature of Registered Agent