L17000 233 650

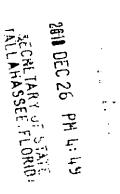
(Requestor's Name)						
(Address)						
(Address)						
(Cit	ry/State/Zip/Phone	= #)				
PłCK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

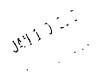




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COVER LETTER

10:	Division of Corporations			P.A.
SUBJ	MY HOME SLEEP TESTIN	G LLC		100 m
2019		ne of Limite	d Liability Company	
Dear S	Sir or Madam:			7
The er	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to	the following:	
SAN	DRA WINDSOR			
	Name of Person			
WAL	TER S SANDERS & ASSOCIATE	S, PA		
	Firm/Company			
1652	8 N DALE MABRY HWY			
	Address			
TAM	PA FLORIDA 33618			
	City/State and Zip Code			
	DI@WALTERSANDERS.COM			
l	E-mail address: (to be used for future and	nual report n	otification)	
For fu	rther information concerning this matter	, please call:		
SAN	DRA WINDSOR	813	961-0094	
	Name of Person	· \	Area Code & Daytime Teleph	one 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	ramount		

☐ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

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)	_ (*	· 	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		LECANTO, FL 34461	_	LECANT	O, FL 34460			
		06/12/2017	_	L1700012	8502			
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			2010 DEC 26			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			Eng. P			
		CRYSTAL RIVER	34429		FLORID			
	(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 3	33618					
the ag wa	ent v ent v is/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he regi: oility co the lim	stered office ompany, it is lited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in			
_ ;	signal	ture of a member an authorized representative of a member			Printed or typed name of signee			
pro the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agree ons of all-statutes relative to the proper and complete p ignifient of my position as registered agent as provided ely reflect a change in the registered office address. I he is a change of this change.	e to act erform for in (ereby co	in this capa ance of my d Chapter 605, onfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been			