L17000243949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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B FIGUEROA

FEB 23 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2018

JOELLE SCHULTZ
13555 AUTOMOBILE BLVD STE 300
CLEARWATER, FL 33762

SUBJECT: LUMINA POINT MEDICAL, LLC
Ref. Number: L17000243949

We have received your document for LUMINA POINT MEDICAL, 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):

Section 5(a) of the form must match the Florida Department of State records. Section 5(b) of the form is where the new Registered Agent is listed.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 118A00003168

RECEIVED
FEB 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lumina Point Medical, 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:

Joelle Schultz, Esq.
Name of Person

Law office of Joelle Schultz, LLC
Firm/Company

13555 automobile Blvd, Suite 300
Address

Clearwater, FL 33762
City/State and Zip Code

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

For further information concerning this matter, please call:

Joelle Schultz at (727) 571-1300
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

INHS18 (2/14)

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: Lumina Point Medical, PLLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*
7705 4th St. N, Ste. 5A
St. Petersburg, FL 33702

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*
3595 41st Ln. S. Unit J
St. Petersburg, FL 33711

3. November 28, 2017 Date of filing/registration in Florida

4. L17000243949 Document number

5. (a) Ann M McManus
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
3595 41st Lane S Unit J
St Petersburg, FL. 33711

(b) Joelle Schultz
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Law Office of Joelle Schultz, LLC
NEW Registered Office Address:
13555 Automobile Blvd, Suite 300
Clearwater, FL. 33762

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18 FEB 23 PM 4:08

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.

Joelle Schultz
Signature of a member or authorized representative of a member

Joelle Schultz
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.

Joelle Schultz
Signature of Registered Agent

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

INHS18 (2/14)