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: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

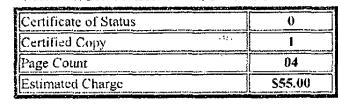
Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cliati Address	Email	Address:	;					
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LLC REGISTERED AGENT CHANGE MEDTECH THERMAL SOLUTIONS LLC



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Corporate Filing Menu

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FAX COVER SHEET

TO	· ·	<u> </u>	
COMPANY			
FAXNUMBER 18506176383			
FROM	Christian Gamboa		
DATE	2018-04-11 08:31:05 CDT		
RE	Order # 526010365		

CSC

1 : -

COVER MESSAGE

Thanks,

Christian X. Gamboa

Document Specialist - Business Special Filings

<u>LogalZoorn.com</u> 9900 Spectrum Drive, Austin,TX 78717 P: 323-962-9600 x7106 F: 323-962-8668 E. <u>cgambos@legalzoom.com</u>

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box

COVER LETTER

	egistration Section livision of Corporations			
SUBJEC	T: MEDTECH THERMAL SOLUT	TIONS LLC		
000000		of Limited Lia	ability Company	
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.	
Please reu	urn all correspondence concerning this n	natter to the f	following:	
,				
Cheyen	ne Moseley		_	
	Name of Person		3.5	
Legalzoom.com, Inc.				
	Firm/Company		_	
101 N. Brand Blvd., 11th Floor				
	Address		_	
Glendal	e, CA 91203			
	City/State and Zip Code		-	
bullinge	r1986@gmail.com			
E-m	ail address: (to be used for future annua	report notifi	cation)	
For furthe	er information concerning this matter, ple	case call:		
Cheyen	ne Moseley	800 at (773-0888 ext 9724	
	Name of Person	ur (Area Code & Daytime Telephone Number	
R D C 20	TREET/COURIER ADDRESS: egistration Section livision of Corporations lifton Building 661 Executive Center Circle fallahassee, Florida 32301	Reg Div P.O	istration. Section ision of Corporations Box 6327 lahassee, Florida 32314	
E	nclosed is a check for the following an	nount:		
	\$25 Filing Fee	Z \$5	5 Filing Fee & Certified Copy	

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. N	ame of the limited liability company:	MEDTECH TH	IERN	AAL SOL	UTIONS LLC
				4	
()	Principal office address of limited li (Note: MUST BE STREET)	ability company: 15 vii		16 6: 13	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
	1505 FORT CLARKE BLVD.	6201		√ 1505	FORT CLARKE BLVD. 6201
	GAINESVILLE, FL 32606		-	GAIN	ESVILLE, FL 32606
	12/04/2017			_L17000	0247385
3.	Date of filing/registration in	ı Florida	4.		Document number
5. (a)	,				
J. (B,	Registered Agent and Registered Office sho	wn on the records of the	e Floric	la Dept. of S	tuk:
	KENNETH B BULLINGER				
	Registered Office Address (MUST BE I	LONDA STREET AL	DORES	<u>27</u>	
	1505 FORT CLARKE BLVD.	6201			ر اسد. در اسد
	GAINESVILLE	3	1260f	 }	
		, FL_3			
(h)					多岛三 国
(0)	Enter name of NEW Registered Agent and	or NEW Registered O	ffice a	dices:	
					OF STA
	UNITED STATES CORPORA	TION AGENTS	, INC	ki))	
	NEW Registered Office Address:		•		— 28
	13302 WINDING OAK COUR	T, SUITE A		< 1,	***
	TAMPA	FL 3	3612	<u>!</u>	
					
the cha agent was/w	ange or changes are made, the Florida will be identical. Or, in the case of a	street address of the Florids limited liab of the members of t	he reg ility c the lin mited	istered off empany, i nited liabi liability c	Florida, it is hereby confirmed that after fice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. M BULLINGER
Sign	dure of a member or authorized representative	of a member			Printed or typed name of signee
тицие. ()	CHEY ENNE MOSELEY, AS STATES CORPORATION AS	SISTANT SECRETARY,			apacity. I further agree to comply with the ty duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
កខ្មោរផ្ស	re of Registered Agent				
	Division of Corp	orations. P.O. Bo			lassee, FL 32314
HS18 (2	v14)	FILING FEI	L: \$2:	UU.	
	· <i>,</i>	O Secretary	· ,	ers . Lyman ee	

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