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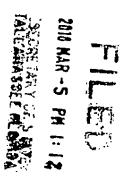
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HAR OF PRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ace Medical Training 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:
Name of Person
Ace Medical Training Firm/Company
943 Hwy 41 S. Suite B
Inveness FL 34450 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (35) 35 (6 - 5055) 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

☐ \$55 Filing Fee & Certified Copy

S25 Filing Fee

Enclosed is a check for the following amount:

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.

Florida.
1. Name of the limited liability company: Ace Medical Training LCC
2. (a) 943 Huy 41 S. Suite B. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Inverness FL 34450 Inverness, FC
344.50
1-8-20/8 Date of filing/registration in Florida 4. Document number
5. (a) Legal ZEDM United States Corporation Agents, Inches Registered gent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding OAK CT Registered Office Address (MUST BE FLOYIDA STREET ADDRESS)
Cheyenne Moseley
TAMPA
(b) TIVA S. SMITC. Enter name of NEW Registered Agent and/or NEW Registered Office address:
943 Hwy 4/ S. Suite B
FAVELNESS .FL 33 34450
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. 1/P A 5 m; +/- 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.