

L18000015325

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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18 MAR 19 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

MAR 20 2018



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808

800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Spencer Boyden spencer.boyden@cscglobal.com

Date: March 15, 2018

Order#: 118465/005

Re: CONVENIENT VIRTU CARE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Spencer Boyden  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

**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: CONVENIENT VIRTUCARE, LLC

2. (a) 27615 US HIGHWAY 27 (b) 27615 US HIGHWAY 27

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

SUITE 109 #172

LEESBURG FL 34748

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SUITE 109 #172

LEESBURG FL 34748

01/17/2018

L18000015325

3. Date of filing/registration in Florida

4. Document number

5. (a) ROSS, D-ANN W

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

27615 US HIGHWAY 27

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

SUITE 109 #172

LEESBURG FL 34748

(b) Corporation Service Company

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

1201 Hays Street

**NEW Registered Office Address:**

Tallahassee FL 32301

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TALLAHASSEE, FLORIDA

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

D Ann W. Ross

Printed or typed name of signee  
AUTHORIZED PERSON

*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.*

[Signature]

Signature of Registered Agent

Corporation Service Company

BY: GRACE E. KIRBY, ASSISTANT VP

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00