

LIS000116552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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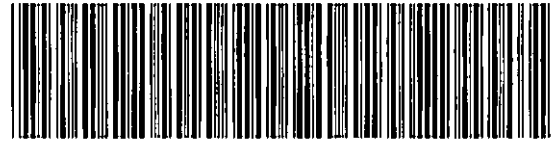
(Business Entity Name)

(Document Number)

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FEB 16 2021
S. YOUNG

2021 JAN -8 PM 4:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED MEDICAL FUNDING, 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:

ROBERT BONANNO

Name of Person

MORGAN & MORGAN

Firm/Company

201 N. FRANKLIN STREET 7TH FLOOR

Address

TAMPA, FL 33602

City/State and Zip Code

RBONANNO@FORTHEPEOPLE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STANLEY ORR

813

679-1438

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 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. Name of the limited liability company: ADVANCED MEDICAL FUNDING, LLC

2. (a) STANLEY ORR (b) STANLEY ORR

Principal office address of limited liability company:

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

12101 SAN CHALIFORD COURT

TAMPA, FL 33626

Mailing address of limited liability company:

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

12101 SAN CHALIFORD COURT

TAMPA, FL 33626

05/09/2018

L18000116582

3. Date of filing/registration in Florida

4. Document number

5. (a) ROBERT H. BONANNO JR

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

ROBERT H. BONANNO JR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8751 N HIMES AVENUE

TAMPA, FL 33614

(b) ROBERT H. BONANNO JR

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

ROBERT H. BONANNO JR

NEW Registered Office Address:

201 N. FRANKLIN STREET 7TH FLOOR

TAMPA 33602

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

STANLEY ORR

Printed or typed name of signer

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

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

FILING FEE: \$25.00

2021 JAN -8 PM 4:52