

L180000 118 136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

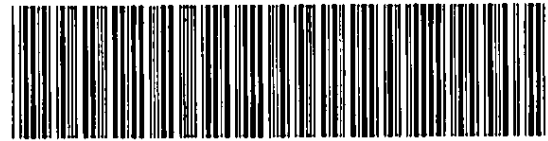
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800337238448

11/22/19--01013--003 **25.00

FILED
2020 JAN -9 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SUMER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2019

ROYALTY CARE LLC
3325 S UNIVERSITY DRIVE SUITE 200
DAVIE, FL 33328

SUBJECT: ROYALTY CARE LLC
Ref. Number: L18000118136

We have received your document for ROYALTY CARE 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 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 019A00026103

2020 JAN -9 AM 7:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royalty Care, 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:

Joshua Orlinsky

Name of Person

Equiturn Business Solutions, Inc

Firm/Company

3325 S. University Drive, Suite 200

Address

Davie, Florida 33328

City/State and Zip Code

jorlinsky@equiturnsolutions.com

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

For further information concerning this matter, please call:

Joshua Orlinsky

at (954) 619-1749

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

**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: Royalty Care, LLC

2. (a) 6420 NW 5th WAY (b) 6420 NW 5th WAY

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

05/10/2018

L18000118136

3. Date of filing/registration in Florida

4. Document number

5. (a) VZ Accounting Services INC.

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

6420 NW 5TH WAY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Lauderdale, FL 33309

(b) Joshua Orlinsky

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

3325 S. University Drive

NEW Registered Office Address:

Suite 200

Davie, FL 33328

FILED
2020 JAN -9 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FL 32311

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 of authorized representative of a member

Berlaska Josa
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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00