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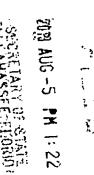
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

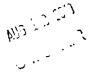




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COVER LETTER

TO:	Registration Section Division of Corporations			
	1779	ClinicoF	Path LLC	
SUBJ	ECT: Name	of Limited	Path LLC Liability Company	
Dear S	Sir or Madam:		nd fee(s) are submitted for filing.	<u> </u>
T1		. Characa	and Court of the Court of Cour	•
The el	nclosed Registered Agent/Registered Offic	e Change a	nd rec(s) are submitted for timing.)
Please	return all correspondence concerning this	matter to th	he following:	
	Philip Tisdall			
	Name of Person			
	ClinicoPath LLC			
	Firm/Company			
	831 Hideaway Circle East			
	Address			
	Marco Island, FL 34145			
	City/State and Zip Code			
	jacktisdall@gmail.com			
	E-mail address: (to be used for future annu-	al report no	tification)	
For fu	rther information concerning this matter, p	lease call:		
	Jack Tisdall	305	5907377	
	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 a	mount:		
	☑ \$25 Filing Fee	a	\$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.

of limited liability company: ESTREET ADDRESS) East 45 d Office shown on the records of DRPORATION AGENT MUST BE FLORIDA STREET BLVD SUITE 36	(b)	Mailing address of finited hability company: (Note: MAYBE POST OFFICE BOX) 31 Hideaway Circle East Marco Island, FL 34145 B000143288 Document number apt. of State:
ESTREET ADDRESS) East 45 istration in Florida d Office shown on the records of DRPORATION AGENT MUST BE FLORIDA STREET	4. L18	(Note: MAY BE POST OFFICE BOX) 31 Hideaway Circle East Marco Island, FL 34145 8000143288 Document number
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DRPORATION AGEN MUST BE FLORIDA STREET	TS, INC.	ept. of State:
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I Agent and/or NEW Registere	ed Office addres	<u> </u>
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East		
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	East F	

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 jamiliar 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 of Registered Agent