

L18000160773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paper Street Medical
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:

Linda Stegman

Name of Person

Linart Business Services

Firm/Company

399 Camino Gardens Blvd Ste 305

Address

Boca Raton Florida 33432

City/State and Zip Code

linda@linartbusinessservices.com

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

For further information concerning this matter, please call:

Linda Stegman at (561) 4652173
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

☒ \$95 Filing Fee & Certified Copy

INHS18 (2/14)

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: Paper Street Medical
2. (a) 170 NE 33rd St
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Oakland Park
Florida 33334
- (b) 1245 NE 3rd Ave #1
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Fort Lauderdale
Florida 33304
3. 03/01/2019
Date of filing/registration in Florida
4. 18000160773
Document number
5. (a) United States Corporation Agents, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oak Court
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
A
Tampa, FL 33612
- (b) Linart Business Services
Enter name of NEW Registered Agent and/or NEW Registered Office address:
399 Camino Gardens Blvd
NEW Registered Office Address:
Ste 305
Boca Raton, FL 33432

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

Adam R. Woronacki
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 effect 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