

L18000226048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2020 FEB 15 PM 3:05

R. WHITE  
FEB 11 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Angel Heart Health Services, 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:

Thomas E. Engelhardt

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10729 Denali Dr

\_\_\_\_\_  
Address

Clermont, FL 34711

\_\_\_\_\_  
City/State and Zip Code

info@angelhearts.com

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

For further information concerning this matter, please call:

Thomas E. Engelhardt

321

987-1608

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: Angel Heart Health Services, LLC

2. (a) 5051 Lakewalk Dr (b) 5051 Lakewalk Dr

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

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

Apt 8-202

Apt 8-202

Winter Garden, FL 34787

Winter Garden, FL 34787

9/24/2018

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3. Date of filing/registration in Florida 4. Document number

5. (a) Thomas E. Engelhardt  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
5051 Lakewalk Dr

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Apt 8-202

Winter Garden, FL 34787

(b) Thomas E. Engelhardt  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

10729 Denali Dr

Clermont, FL 34711

2020 JUN 15 PM 3:05

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

Amy Engelhardt

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