

L18000 267 244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

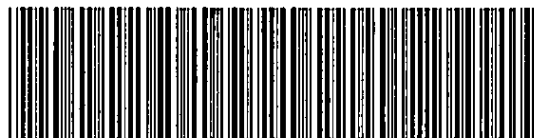
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500336776055

11/08/19--01016--014 **25.00

2019 11-8 10:54

R. WHITE

DEC 07 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Encompass Medical, 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:

Kristen Gentry

Name of Person

Encompass Medical, LLC.

Firm/Company

14253 Tamiami Trail

Address

North Port, FL 34287

City/State and Zip Code

encompass.medical@outlook.com

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

For further information concerning this matter, please call:

Kristen Gentry

at (863) 414-3256

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: Encompass Medical, LLC.

2. (a) 14253 Tamiami Trail (b) 14253 Tamiami Trail

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

North Port, FL 34287

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

North Port, FL 34287

11/15/2018, Annual Report Filed 3/5/2019

L18000267244

3. Date of filing/registration in Florida

4. Document number

5. (a) Cheyenne Moseley, United States Corporation Agents, Inc.

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

United States Corporation Agents, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 Winding Oak Court, A

Tampa, FL 33612

(b) Kristen Gentry

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

Encompass Medical, LLC.

NEW Registered Office Address:

14253 Tamiami Trail

North Port, FL 34287

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.

Kristen Gentry

Signature of a member or authorized representative of a member

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 of Registered Agent

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

FILING FEE: \$25.00