

L19 0000 56460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

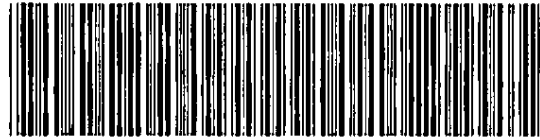
(Business Entity Name)

(Document Number)

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20 JAN 30 PM 3:15

FEB 25 2023  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medicalla 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:

Chris Whitehead

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

Medicalla LLC

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

8817 Chesterton Place

\_\_\_\_\_  
Address

Tampa FL 33635

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

medicallalle@gmail.com

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

For further information concerning this matter, please call:

Chris Whitehead

at ( 804 )

8222067

\_\_\_\_\_  
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

20 JAN 30 PM 3:15  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**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: Medicalla LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

8817 Chesterton Place

Tampa FL 33635

2/26/2019

L19000056460

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

5. (a) Cheyenne Moseley

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) Chris Whitehead

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

NEW Registered Office Address:

8817 Chesterton Place

Tampa, FL 33635

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 of a member or authorized representative of a member

Chris Whitehead

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 of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**