

## Florida Department of State

**4900000977**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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## To:

Division of Corporations  
 Fax Number : (850)617-6383

## From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 Account Number : 110432003053  
 Phone : (561)694-8107  
 Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
 CAPITAL MEDICAL DEVICE LLC**

Certificate of Status	0
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**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: Capital Medical Device LLC

2. (a) 6024 Moorings Drive S (b) 6024 Moorings Drive S

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

St. Petersburg, FL 33712

St. Petersburg, FL 33712

03/07/2019

L19000066977

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

5. (a) Hunter Business Law

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

119 S. Dakota Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33606

(b) Corporate Creations Network Inc.

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

601 US Highway 1

NEW Registered Office Address:

North Palm Beach

North Palm Beach

FL 33408

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.

Rachel Joseph  
Signature of member or authorized representative of a member

Rachel Joseph, Attorney-in-Fact

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.*

Rachel Joseph Rachel Joseph, Special Secretary  
Signature of Registered Agent

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

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