

L190000 70462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

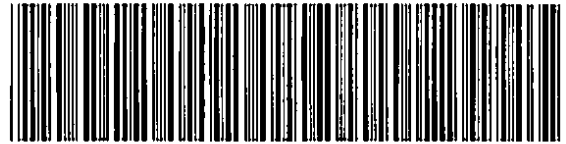
(Business Entity Name)

(Document Number)

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AND  
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2019 MAY 22 AM 9:54  
CLERK OF SUPERIOR COURT  
JULIA A. BROWN

T GLASS

JUN 08 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Newave Medical Supplies, 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:

Daniel D. Espinoza

Name of Person

Newave Medical Supplies, LLC

Firm/Company

331 West Central Ave. Ste 225

Address

Winter Haven FL 33880

City/State and Zip Code

daniel@newavems.com

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

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

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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.*

**Newave Medical Supplies, LLC**

1. Name of the limited liability company:

2. (a) 331 West Central Ave Ste. 225

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

Winter Haven FL 33880

(b) 331 West Central Ave Ste. 225

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

Winter Haven FL 33880

03/13/2019

3. Date of filing/registration in Florida

L19000070462

4. Document number

5. (a) Pam Seymour

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

200 N 2nd St.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Pierce

FL 34950

(b) Registered Agents Inc.

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

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg

FL 33702

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

Daniel D. Espinoza

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.*

Bill Havre  
Signature of Registered Agent

**Bill Havre**

- Assistant Secretary

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