

LI90000 74038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

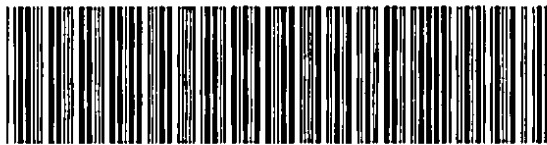
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA/RD/CHG

JAN 14 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

CIDG Medical, LLC

SUBJECT: _____
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:

Justin Kelly

Name of Person

CIDG Medical, LLC

Firm/Company

11 N Dale Mabry Hwy

Address

Tallahassee, FL 32308

City/State and Zip Code

justinc@cidgmedical.com

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

For further information concerning this matter, please call:

Justin Kelly at (813) 504-1258

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.

CIDG Medical, LLC

Name of the limited liability company: _____

(a) 1711 N Dale Mabry Hwy, Lutz, FL 33548

(b) 1711 N Dale Mabry Hwy, Lutz, FL 33548

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

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

03/15/2019

119000074038

Date of filing/registration in Florida 4.

Document number

Richard C Kelly

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
5429 Lookout Pass

Wesley Chapel, FL 33544

Austin C Kelly

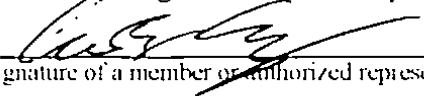
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
27402 BONTERRA LOOP APT 409

WESLEY CHAPEL, FL 33544

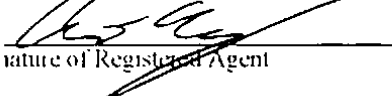
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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

Austin Kelly
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 merely to 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