

L19000 078 465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

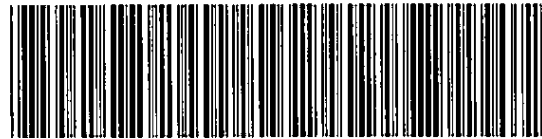
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800335147148

09/30/19--01037--003 **25.00

2019 OCT 17 11:06:06

RH/RD/chg

OCT 17 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROYALTY CARE MED SPA PLANTATION, 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:

Joshua Orlinsky

Name of Person

Equiturn Business Solutions Inc.

Firm/Company

3325 S. University Drive Suite 200

Address

Davie, FL 33328

City/State and Zip Code

jorlinsky@equiturnsolutions.com

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

For further information concerning this matter, please call:

Joshua Orlinsky

954

296-6056

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

**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: ROYALTY CARE MED SPA PLANTATION, LLC

2. (a) 18501 PINES BLVD STE 3009 (b) 18501 PINES BLVD STE 3009

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

PEMBROKE PINES, FL 33029

PEMBROKE PINES, FL 33029

03/20/2019

L19000078465

3. Date of filing/registration in Florida

4. Document number

5. (a) HIRZEL DREYFUSS & DEMPSEY, PLLC

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2333 BRICKELL AVENUE SUITE A-1

MIAMI, FL 33129

(b) EQUITURN BUSINESS SOLUTIONS INC

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

3325 S. University Drive Suite 200

NEW Registered Office Address:

3325 S. University Drive

Davie, FL 33328

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]
Signature of a member or authorized representative of a member

BENIOSKA SOSA
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]
Signature of Registered Agent