

L19000125958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

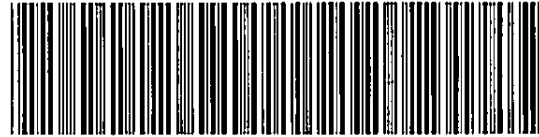
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
AUG 22 2024

Office Use Only



300434699793

FILED  
2024 AUG 21 AM 9:17  
CLERK OF COURT  
JULIA L. HARRIS

RECEIVED  
2024 AUG 21 PM 1:09  
CLERK OF COURT  
JULIA L. HARRIS

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 08/21/2024

**\*\*WALK IN\*\***

ENTITY NAME Alara Imaging LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25 \_\_\_\_\_

ACCOUNT #: I20160000072

*E. R. H.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALARA IMAGING 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:

Brandi Morris

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

Harbor Compliance

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

1830 Colonial Village Ln

\_\_\_\_\_  
Address

Lancaster, PA 17601

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

corporate@harborcompliance.com

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

For further information concerning this matter, please call:

B. Morris

717

4907935

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

\_\_\_\_\_  
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.*

1. Name of the limited liability company: Alara Imaging LLC
2. (a) 7226 Milestone Drive  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**  
Apollo Beach, FL 33572
- (b) 7226 Milestone Drive  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
Apollo Beach, FL 33572
3. 05/09/2019 Date of filing/registration in Florida
4. L19000125958 Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
32202  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
JACKSONVILLE, FL 32202
- (b) Registered Agents Inc  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
**NEW Registered Office Address**:  
7901 4th St N Ste 300  
  
St. Petersburg, FL 33702

FILED  
2024 AUG 21 AM 9:17  
CLERK OF STATE

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.

/s/ Aubrey McGinnis

Signature of a member or authorized representative of a member

Aubrey McGinnis

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.*

David Roberts

Signature of Registered Agent