

L19000175271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

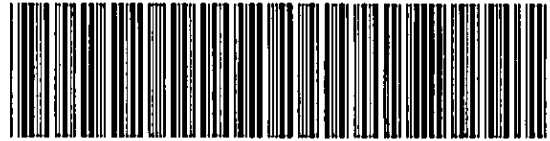
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: New Medicine Foundation, 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:

Stephanie A. Pearson
Name of Person

New Medicine Foundation, LLC
Firm/Company

510 SE Dixie Hwy
Address

Stuart Florida 34994
City/State and Zip Code

Stephanie_Pearson@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Pearson at (772) 237.9443
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: New Medicine Foundation, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

510 SE Dixie Hwy
Stuart, FL 34994

510 SE Dixie Hwy
Stuart, FL 34994

3. 07/10/2019 4. L19000178271
Date of filing/registration in Florida Document number

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

James Guest
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
759 SW Federal Highway Suite 103
Stuart, FL 34994

2020 MAR 26 PM 7:03

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

Stephanie A. Pearson
NEW Registered Office Address:
510 SE Dixie Hwy
Stuart, FL 34994

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.

Sf Pearson
Signature of a member or authorized representative of a member

Stephanie A. Pearson
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.

Sf Pearson
Signature of Registered Agent