

L19000 180 077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

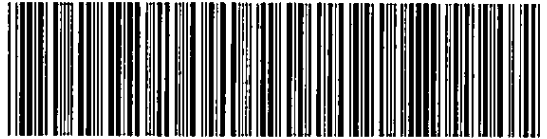
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 14 2020
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEARTFELT CARE 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:

PAUL MARIE C. RAYMOND

Name of Person

HEARTFELT CARE LLC

Firm/Company

2200 WINTER SPRINGS BLVD, STE 106-272

Address

OVIEDO, FL 32765

City/State and Zip Code

pmrsorders@gmail.com

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

For further information concerning this matter, please call:

PAUL MARIE C RAYMOND

347

328 2364

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: HEARTFELT CARE LLC
2. (a) 2200 WINTER SPRINGS BOULEVARD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 106-272
OVIEDO, FL 32765
- (b) 2200 WINTER SPRINGS BOULEVARD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 106-272
OVIEDO, FL 32765
3. JULY 12, 2019
Date of filing/registration in Florida
4. L19000180077
Document number
5. (a) REGISTERED AGENTS INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4TH ST N
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
STE 300
ST. PETERSBURG, FL 33702
- (b) PAUL MARIE C. RAYMOND
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2200 WINTER SPRINGS BOULEVARD
NEW Registered Office Address:
SUITE 106-272
OVIEDO, FL 32765

FILED
JUL 12 - 4 P M '19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 member or authorized representative of a member

PAUL CARL HEINZ RAYMOND

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