

L19000269113
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

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**LLC REGISTERED AGENT CHANGE
 UNIFIED MEDICAL LLC**

Certificate of Status	0
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MAY 20 2020
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**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: Unified Medical LLC

2. (a) 15495 EAGLE NEST LANE, SUITE 130 (b) 15495 EAGLE NEST LANE, SUITE 130

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

MIAMI LAKES, FL 33014

MIAMI LAKES, FL 33014

11/08/19

L19000269113

3. Date of filing/registration in Florida

4. Document number

5. (a) FELICETTI, TREVOR

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

15495 EAGLE NEST LANE, SUITE 130

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami Lakes, FL 33014

(b) Registered Agents Inc.

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

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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.

Riley Park

Signature of a member or authorized representative of a member

Riley Park

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.

Bill Havre

Bill Havre - Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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