

L19000281655

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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
DB WHOLESALE MEDICAL SUPPLIES, LLC**

Certificate of Status	0
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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: DB Wholesale Medical Supplies LLC

2. (a) 12921 W BROWARD BLVD (b) 12921 W BROWARD BLVD

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

PLANTATION, FL 33325

PLANTATION, FL 33325

11/12/2019

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3. Date of filing/registration in Florida

4. Document number

5. (a) BOOTH, ROBERT J

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

12921 WEST BROWARD BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33325

(b) Northwest Registered Agent LLC

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

7901 4th St N

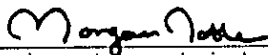
NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

FILED
2020 JAN - 7 AM 9:31
TALLAHASSEE, FL
SECRETARY 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.



Signature of a member or authorized representative of a member

Morgan Noble

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.

Tom Glover Tom Glover - Assistant Secretary

Signature of Registered Agent

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

FILING FEE: \$25.00