

L200000 29494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

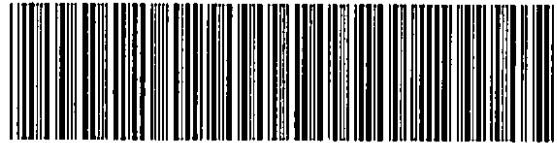
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Special Instructions to Filing Officer:

*Wrong form*

*[scribble]*

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RECEIVED

JUL 24 2020

FILED

2020 JUL 24 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FL

JA 10/06/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020-09-17 11:59

September 17, 2020

KENIA VALLE BOZA

27113 SW 133RD CT  
HOMESTEAD, FL 33032

SUBJECT: EXECUTIVE MEDICAL CODING CONSULTANTS LLC  
Ref. Number: L20000029494

We have received your document for EXECUTIVE MEDICAL CODING CONSULTANTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK  
OPS

Letter Number: 920A00017719

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Executive Medical Coding Consultants 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:

Kenia Jalle Boza

Name of Person

Executive Medical Coding Consultants LLC

Firm/Company

15421 SW 11th Terrace

Address

Miami FL 33194

City/State and Zip Code

KeniaJalle84@yahoo.com

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

For further information concerning this matter, please call:

Kenia Jalle Boza

Name of Person

at ( 786 )

231-8167

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

INITIAL (2/14) +

\$35.00 (Previous  
check)

\$55.00

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: Executive Medical Coding Consultants LLC

2. (a) 15421 SW 11th Terrace  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

Miami FL 33194

(b) 15421 SW 11th Terrace  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

Miami FL 33194

3. 01/23/2020  
Date of filing/registration in Florida

4. L20000029494  
Document number

5. (a) A Lane Paralegal Services LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

20651 SW 126 Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami FL 33177

(b) Kesia Jalle Boza  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

15421 SW 11th Terrace

NEW Registered Office Address:

Miami FL 33194

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

Printed or typed name of signer

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
2020 JUL 24 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FL