

L20 000106281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

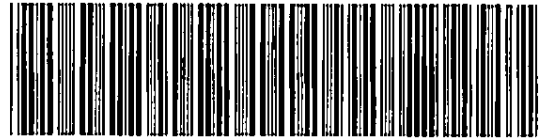
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300350366383

08/24/20--01018--016 \*\*25.00

FILED  
2020 AUG 24 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 20 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Accucore Medical Billing, 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:

Acie Jenkins

\_\_\_\_\_  
Name of Person

Accucore Medical Billing, LLC

\_\_\_\_\_  
Firm/Company

7320 E. Fletcher Ave

\_\_\_\_\_  
Address

Tampa, FL 33637

\_\_\_\_\_  
City/State and Zip Code

acie@accucoremedicalbilling.com

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

For further information concerning this matter, please call:

Acie Jenkins

813 810-5446  
at ( )

\_\_\_\_\_  
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: Accucore Medical Billing, LLC
2. (a) Accucore Medical Billing, LLC  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
7320 E. Fletcher Ave.  
Tampa, FL 33637
- (b) Accucore Medical Billing, LLC  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
7320 E. Fletcher Ave.  
Tampa, FL 33637

3. April 17th, 2020  
Date of filing/registration in Florida
4. L20000106281  
Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
7320 E. Fletcher Ave.  
Tampa FL 33637

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Bonnie S. Westfall  
**NEW** Registered Office Address:  
7320 E. Fletcher Ave  
Tampa FL 33637

**FILED**  
2020 AUG 24 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Acie Jenkins  
Signature of a member or authorized representative of a member

Acie Jenkins  
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.*

Bonnie S. Westfall  
Signature of Registered Agent