

L20000110112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

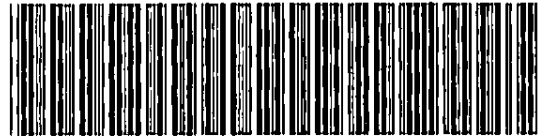
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 01/27/2021

Name: Chris Vick

Reference #: 1317638

Entity Name: COLORADO MEDICAL GROUP PLLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #301072
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLORADO MEDICAL GROUP PLLC

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:

Gamal Wazni

Name of Person

Colorado Medical Group PLLC

Firm/Company

3810 Northdale Blvd., Suite 150

Address

Tampa, FL 33624

City/State and Zip Code

Gamal.Wazni@unitedveincenters.com

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

For further information concerning this matter, please call:

Christina Marasigan

at (866) 775-0112

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: COLORADO MEDICAL GROUP PLLC
2. (a) 3810 Northdale Boulevard
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 150
Tampa, FL 33624
- (b) 3810 Northdale Boulevard
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite 150
Tampa, FL 33624
3. 04/22/2020 Date of filing/registration in Florida
4. L20000110112 Document number
5. (a) WAZNI, GAMAL M
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3810 Northdale Boulevard
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Suite 150
Tampa, FL 33624
- (b) COGENCY GLOBAL INC.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**
115 N. Calhoun St
NEW Registered Office Address:
Ste. 4
Tallahassee, FL 32301

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

Gamal Wazni 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.

 Asst. Secy. Cogency Global Inc.
Signature of Registered Agent