

L20000162185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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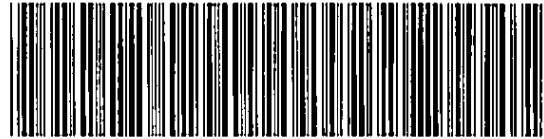
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL ESSENTIAL SUPPLY

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:

FEDERICO GRULLON

Name of Person

MEDICAL ESSENTIAL SUPPLY

Firm/Company

1150 NW 72ND AVE, SUITE 760

Address

MIAMI, FL 33126

City/State and Zip Code

FGRULLON@CHRONO.COM.DO

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

For further information concerning this matter, please call:

DANIEL ARTY

at (305) 592-9954

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: MEDICAL ESSENTIAL SUPPLY

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1150 NW 72ND AVENUE, SUITE 760
MIAMI, FL 33126

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

JUNE 12, 2020

1.20000162185

3. Date of filing/registration in Florida

4. Document number

5. (a) DANIEL ARTY

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

RA ARTY, COHN & FEUER, LC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1150 NW 72 AVE SUITE 760

MIAMI, FL 33126

(b) HARRY K. BENDER, ESQ

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

BENDER, BENDER AND CHANDLER, P.A

NEW Registered Office Address:

323 10TH AVENUE WEST, SUITE 301

PALMETTO, FL 34221

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.

FEDERICO GRULLON
Signature of a member or authorized representative of a member

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.

[Signature]
Signature of Registered Agent

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

FILED
2020 JUL 24 AM 9:26
TALLAHASSEE, FL
CLERK OF THE CIRCUIT COURT