

L20 000 166 834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

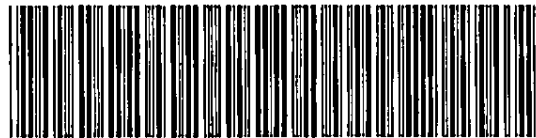
(Business Entity Name)

(Document Number)

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

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R. WHITE

NOV 23 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

MY DOCTORS LIVE, LLC

**SUBJECT:** \_\_\_\_\_  
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:

ROSSITER, STEPHEN P.

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

MY DOCTORS LIVE, LLC

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

170 FITZGERALD ROAD, SUITE 1

\_\_\_\_\_  
Address

LAKELAND, FL 33813

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

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

For further information concerning this matter, please call:

ROSSITER, STEPHEN P. 813 754-7777 Ext 101

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

at ( )

\_\_\_\_\_  
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

## 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.

MY DOCTORS LIVE, LLC

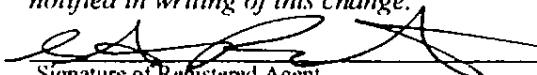
1. Name of the limited liability company: \_\_\_\_\_
2. (a) BUSINESS ADDRESS (b) MAILING ADDRESS
- Principal office address of limited liability company: \_\_\_\_\_ Mailing address of limited liability company: \_\_\_\_\_  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 170 FITZGERALD ROAD, SUITE 1 PO BOX 3474  
LAKELAND, FL 33860 PLANT CITY, FL 33563  
06/16/2020 L20000166834
3. Date of filing/registration in Florida 4. Document number  
ROSSITER, ROSE
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ROSSITER, ROSE
- Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)  
4501 NESMITH RD  
PLANT CITY, FL 33567
- ROSSITER, STEPHEN P.
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
ROSSITER, STEPHEN P.
- NEW** Registered Office Address:  
Same
- Same, FL Same

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

STEPHEN ROSSITER  
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 of Registered Agent