

110 000 238 258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

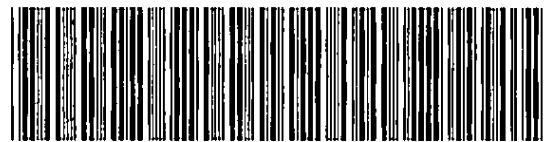
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DLH Medical Solutions 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:

Dr. Daniel Hafendorfer

Name of Person

DLH MEDICAL SOLUTIONS LLC
Firm/Company

Firm/Company

20035 Markward Crossing

Address

Estero FL 33928

City/State and Zip Code

dhafendorf@aol.com

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

For further information concerning this matter, please call:

Dr. Daniel Hafendorfer at (502) 741-9676
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

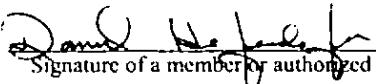
Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	DLII Medical Solutions LLC	
2. (a) 20035 Markward Crossing	Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) 20035 Markward Crossing Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
Estero FL 33928		Estero FL 33928
8/6/20		L20000238258
3. Date of filing/registration in Florida	4. Document number	
5. (a) C T Corporation System	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Rd.	
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>		
Plantation, FL 33324		
(b) Dr. Daniel Hafendorfer	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
20035 Markward Crossing		
<u>NEW Registered Office Address:</u>		
Estero, FL 33928		

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SECRETARY OF STATE
TALLAHASSEE, FL

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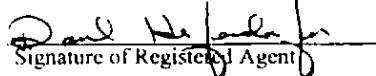
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Dr. Daniel Hafendorfer

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

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