

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L20000245871

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : REGISTERED AGENT SOLUTIONS INC
 Account Number : I20100000062
 Phone : (888)705-7274
 Fax Number : (888)706-7274

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2023 JUL 10 AM 11:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
SCO MEDICAL GROUP, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL 10 PM 3:43

**APPROVED
AND
FILED**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCO 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:

Lori Whalen

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Lori Whalen

888

705-7274

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

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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: SCO Medical Group, PLLC

2. (a) 159 COOPER ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
WEST BERLIN, NJ 08091

(b) 159 COOPER ROAD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
WEST BERLIN, NJ 08091

3. 8/12/2020 Date of filing/registration in Florida

4. L20000245871 Document number

5. (a) CORP2000, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
155 OFFICE PLAZA DR
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
SUITE A
TALLAHASSEE, FL 32301

(b) Registered Agent Solutions, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2894 Remington Green Ln.
NEW Registered Office Address:
Ste. A
Tallahassee, FL 32308

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32304
 APPROVED
 AND
 FILED

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.

/s/ Lee Scott Signature of a member or authorized representative of a member

Lee Scott Printed or typed name of signee

Authorized Person

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.

Mackenzie Hibler Signature of Registered Agent

Mackenzie Hibler, Asst. Secretary