Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200

Fax Number : (407)423-1831

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

Email Address: mike@galvincompany.com

LLC REGISTERED AGENT CHANGE VOPH LAC BAILEY, LLC

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S. PRATHER

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Help

To:

1. Name of the limited liability company: VOPH LAC Bailey, LLC

Principal office address of limited liability company:

Page: 2 of 2

Mailing address of limited liability company:

v

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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.

	(Note: MIET BE STREET ADDRESS) 4065 Crescent Park Drive		(Now: MAY BE POST OFFICE BOX) 4065 Crescent Park Drive		
	Riverview, FL 33578		Riverview,	FL 33578	
	10/13/2020		L20 000 3130	48	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the record	s of the Florid	da Dept, of State	:	
	Elizabeth A. Bradburn			$oldsymbol{ar{ar{ar{ar{ar{ar{ar{ar{ar{ar$	2
	Registered Office Address OMUST BE FLORIDA STRE	ET ADDRES	203	Ęc	120
	4065 Crescent Park Drive			r.c. AH,	J.
	Rivarview	FL 33578		ASS VSS	
(b)	Mike Galvin Enter name of NEW Registered Areat and/or NEW Regist	शस्त्वं (अग्रिटकः)	ddress:	F STATE FLORIDA	PM 2: 40
	<u>NEW</u> Registered Office Address: 121 Snell Isle Blvd NE, St. Petersburg, FL 3.	270.4			
change agent v	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member of organization or the operating agreement of	the register d liability of ers of the li	red office and company, it is mited liabilit	d the business office of the registered i hereby confirmed that the change(s) y company or as otherwise provided it	
	Mile Head		ichael Galvin		
- 6	ture of a member or authorized representative of a member			Printed or typed name of signer	
	by accept the appointment as registered agent and tons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	agree to a lete perform vided for in s, I hereby	ct in this cape nance of my o Chapter 603 confirm that	acity. I further agree to comply with the luties, and I am fumiliar with and acc futies, and I am fumiliar with and acc , F.S. Or, if this document is being fit the limited liability company has been	he ept led
	Division of Corporations P.	O. Box 63	27• Tallahai	see, FL 32314	

FILING FEE: \$25.00