## L20000371633

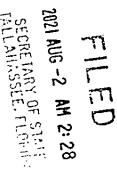
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(OK)/OCCO-2.ph Notice ity				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(======,				
Codifical Codice				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





300370879443

08/18/2021 JH



## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Med Nexus Palm Coas Name of Limited Lia				
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:				
Kristy Dugles Name of Person				
Daglas Property & Development Firm/Company				
180 Brookhaven Court S. Address				
Palm Coast FL 321104 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (20) 251-3837  Area Code & Daytime Telephone Number				
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
Tananassee, FL 32314	Tallahassee, FL 32303			
Enclosed is a check for the following amount:				

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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.	Nar	ame of the limited liability company: Med Nex	us Palm Coast, LLC.
2. (	(a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 180 Brook Valey CourtS.  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Palm Coast, FL 32164	Palm Coast, FL 32164
3.		11   25   2020  Date of filing/registration in Florida	4. Document number
5.	(a)	Registered Agent and Registered Office shown on the records of	Devict, Ivic. he Florida Dept. of State:
		Registered Office Address MUST BE FLORIDA STREET A	(DDRESS)
	(b)	Palyn Coast FL  Michael D. Chiumento  Enter name of NEW Registered Agent and/or NEW Registered	32164  THE Office address:
		145 City Place # 301 NEW Registered Office Address:	
		Palm Coast FL	321(a)
cha age	ange ent v	e or changes are made, the Florida street address of the	vs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ibility company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
_	Signat	ature of a member or authorized representative of a member	Jeffrey Dricks Dany & Proporty Printed or typed name of signer.
I l pro the to no	herei ovisi obl mere tified	why accept the appointment as registered agent and agrasions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605. F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Si	gnatu	ure of Registered Agent	