

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220003608203ABCX

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To:

Division of Corporations  
Fax Number : (850) 617-6363

From:

Account Name : URS AGENTS LLC  
Account Number : 120150000127  
Phone : (600) 367-4397  
Fax Number : (600) 367-4396

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

Email Address: administrative@baypromo.net

**LLC REGISTERED AGENT CHANGE  
ALPHAPROMED LLC**

C. BRUMBLEY

OCT 24 2022

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED

2022 OCT 21 AM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

2022 OCT 21 AM 6:52

(((H22000360820 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALPHAPROMED 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:

**Thisal Jayasuriya**

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

**ALPHAPROMED LLC**

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

**6201 Johns Rd., STE 9**

\_\_\_\_\_  
Address

**Tampa, FL 33634**

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

**administrative@baypromo.net**

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

For further information concerning this matter, please call:

**Kathy Clark**

at ( **800** ) **567-4397**

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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: ALPHAPROMED LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company

Mailing address of limited liability company

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

6201 JOHNS RD., 9

6201 JOHNS RD., 9

TAMPA, FL 33634

TAMPA, FL 33634

12/16/2020

L20000393286

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

URS AGENTS, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3458 Lakeshore Drive

Tallahassee, FL 32312

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address

Thisal Jayasuriya

NEW Registered Office Address:

6201 Johns Rd., STE 9

Tampa, FL 33634

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TALLAHASSEE, FL

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.



Humberto Arguello

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

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