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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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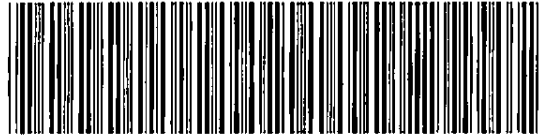
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 DEC 27 PM 6:04

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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: DOCTORS COLLECTIVE, LLC

2. (a) 5525 BARMA STREET, ORLANOD, FL 32807 (b) \_\_\_\_\_

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

01/29/2021

L21000053101

3. Date of filing/registration in Florida 4. Document number

5. (a) SHAYNE GUE & CATHERINE MALDONADO

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5525 BARMA STREET

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

ORLANDO, FL 32807

(b) SHAYNE GUE (REMOVE CATHERINE MALDONADO)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5525 BARMA STREET

NEW Registered Office Address:

ORLANDO, FL 32807

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.

Shayne Gue  
Signature of a member or authorized representative of a member

SHAYNE GUE

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.*

Shayne Gue  
Signature of Registered Agent

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

**FILED**  
2023 DEC 27 PM 6:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** DOCTORS COLLECTIVE, 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:

SHAYNE GUE

Name of Person

DOCTORS COLLECTIVE, LLC

Firm/Company

5525 BARMA STREET

Address

ORLANDO, FL 32807

City/State and Zip Code

SHAYNEGUE@HOTMAIL.COM

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

For further information concerning this matter, please call:

SHAYNE GUE

304

412-0129

at (

Name of Person

Area Code &amp; 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