

**L21000003774**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000044819 3)))



H2400004481934BC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

\*\*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

2024 FEB -2 AM 10:27

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**LLC REGISTERED AGENT CHANGE  
KISSIMMEE MEDICAL BILLING AND MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 FEB -2 PM 12:40

FILED

# 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: KISSIMMEE MEDICAL BILLING AND MANAGEMENT LLC
2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
8020 Tuscany Way #2404  
Davenport, FL 33896
- (b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
8020 Tuscany Way #2404  
Davenport, FL 33896
3. 01/29/2021  
Date of filing/registration in Florida
4. L21000053774  
Document number
5. (a) LEGALINC CORPORATE SERVICES INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
476 RIVERSIDE AVE.  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)  
JACKSONVILLE, FL 32202
- (b) Registered Agents Inc  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4th St N  
NEW Registered Office Address:  
STE 300  
St. Petersburg, FL 33702

FILED  
2024 FEB -2 PM 12:40  
SECRETARY OF STATE  
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.

Robin Jones

Signature of a member or authorized representative of a member

Robin Jones

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.

David Roberts

David Roberts - Assistant Secretary

Signature of Registered Agent