

L210002097162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

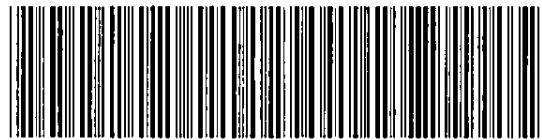
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2024 AUG 14 AM 11:58
CLERK OF COURT
JULIA L. STALL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOSS MEDICAL, 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:

JOEL B MOSS

Name of Person

MOSS MEDICAL, LLC

Firm/Company

1553 JEFFERSON AVENUE, UNIT #5

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

JMOSS@MOSSMEDICAL.US

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

For further information concerning this matter, please call:

JOEL B MOSS

at (901) 4836677

Name of Person

Area Code & 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

**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: MOSS MEDICAL, LLC

2. (a) MOSS MEDICAL, LLC (b) MOSS MEDICAL, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1553 JEFFERSON AVE, UNIT #5

MIAMI BEACH, FL 33139

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4957 WILLIAM ARNOLD RD

MEMPHIS, TN 38117

05/05/2021

L21000209762

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

5. (a) JOEL B MOSS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

MOSS MEDICAL, LLC

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

18230 W Dixie Hwy

NORTH MIAMI BEACH, FL 33160

(b) JOEL B MOSS

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

MOSS MEDICAL, LLC

NEW Registered Office Address:

1553 JEFFERSON AVE, UNIT #5

MIAMI BEACH, FL 33139

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.

Signature of a member or authorized representative of a member

JOEL B MOSS

Printed or typed name of signee

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 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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TALLAHASSEE, FL
STATE

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

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*(Note: **MUST BE STREET ADDRESS**)*
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MIAMI BEACH, FL 33139
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Mailing address of limited liability company:
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NORTH MIAMI BEACH, FL 33160
- (b) JOEL B MOSS
Enter name of NEW Registered Agent and/or NEW Registered Office address:
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NEW Registered Office Address:
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MIAMI BEACH, FL 33139

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Signature of a member or authorized representative of a member JOEL B MOSS
Printed or typed name of signee

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

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FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA
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