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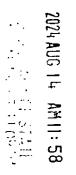
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COVER LETTER

TO: Registration Section Division of Corporations	
MOSS MEDICAL, LLC SUBJECT:	
· · · · · · · · · · · · · · · · · · ·	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter 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 re	eport notification)
For further information concerning this matter, please	se call:
JOEL B MOSS	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 amo	unt:
S25 Filing Fee	■ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

Name of the limited liability company: MOSS MEDICAL MOSS MEDICAL, LLC			MOSS MEDICAL, LLC
Principal office address of limited liability company:		(b)	Mailing address of limited liability company:
(<u>Note: MUST BE STREET ADDRESS)</u> 1553 JEFFERSON AVE, UNIT #5			(<u>Note: MAY BE POST OFFICE BOX</u>) 4957 WILLIAM ARNOLD RD
MIAMI BEACH, FL 33139			MEMPHIS, TN 38117
05/05/2021		1	L21000209762
Date of filing/registration in Florida	— _{4.}	-	Document number
(a) JOEL B MOSS	٦.		Bocanicii namoci
Registered Agent and Registered Office shown on the records of MOSS MEDICAL, LLC	of the Flor	ida	da Dept. of State:
Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	SS	<u>SS)</u>
18230 W Dixie Hwy			. 20
NORTH MIAMI BEACH	L_33160		24 AU
(b) JOEL B MOSS			ddress:
Enter name of NEW Registered Agent and/or NEW Register	ed Office	ado	ddress:
MOSS MEDICAL, LLC			2024 AUG 14 AH 11: 58
NEW Registered Office Address:			<u> </u>
1553 JEFFERSON AVE, UNIT #5			
MIAMI BEACH, F	FL_33139		
the limited liability company is not organized under the lange or changes are made, the Florida street address of the the will be identical. Or, in the case of a Florida limited sowere authorized by an affirmative vote of the members articles of organization or the operating agreement of the	ne regist liability s of the late limite	ere con imi d li	red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.
ignature of a member or suthorized representative of a member	10	EI	EL B MOSS Printed or typed name of signee
eraby accept the appointment as registered agent and avisions of all statutes relative to the proper and complet obligations of my position as registered agent as provide a change in the registered office address, lifted in writing of this change.	gree to d le perfor led for it I hereby	nct ma t C co	ct in this capacity. I further agree to comply with the
gnature of Registered Agent			
Division of Corporations P.O. FILING			·

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	MOSS MEDICAL, LLC						
	Na	Name of Limited Liability Company					
Dear Si	ir or Madam:						
The end	closed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning t	his matter to the	following:				
JOEL B	MOSS						
	Name of Person						
MOSS	MEDICAL, LLC						
	Firm/Company		_				
1553 JE	EFFERSON AVENUE, UNIT #5						
	Address						
MIAMI	BEACH, FL 33139						
	City/State and Zip Code	·					
JMOSS	@MOSSMEDICAL.US		•				
Е	-mail address: (to be used for future ar	nual report notif	ication)				
For fur	ther information concerning this matte	r, please call:					
JOEL B	MOSS	901 at (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	g amount:					
	□ \$25 Filing Fee	= \$:	55 Filing Fee & Certified Copy				
INHS18	3 (2/14)						

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. Na	me of the limited liability company: MOSS MEDICAL	L, LLC			
2. (a)	MOSS MEDICAL, LLC		(b	MOSS MED	ICAL, LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>.</u>	(*)	Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX
	1553 JEFFERSON AVE, UNIT #5			4957 WILLIA	AM ARNOLD RD
	MIAMI BEACH, FL 33139	_		мемрніз, т	TN 38117
	05/05/2021		J	L21000209762	!
١.	Date of filing/registration in Florida	- 4.	-	D	ocument number
. (a)	JOEL B MOSS				
	Registered Agent and Registered Office shown on the records of MOSS MEDICAL, LLC	the Flor	ida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 18230 W Dixie Hwy	ADDRE	SS	2	
	NORTH MIAMI BEACH, FL	33160			2024
(b)	JOEL B MOSS				ANG 14 AR
	Enter name of NEW Registered Agent and/or NEW Registered	Office	adç	iress:	F m
	MOSS MEDICAL, LLC				PILED PILED RICHAMII: 58
	NEW Registered Office Address:				<u> </u>
	1553 JEFFERSON AVE, UNIT #5				
	MIAMI BEACH , FL	33139			
:hange igent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li limited	ere coi imi d li	d office and t mpany, it is h ited liability o	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in
Signat	ure of a member or arthorized representative of a member	_			rinted or typed name of signee
rovisio he obli o mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete is settions of my position as registered agent as provided by reflect a change in the registered office address, I have the setting of this change.	ree to a perfori d for in hereby	nct ma 1 C co	in this capaci nce of my dui hapter 605, F nfirm that the	ity. I further agree to comply with the ties, and I am familiar with and accep I.S. Or, if this document is being filed I limited liability company has been
Signatur	re of Rogistered Agont				
1S18 (341	Division of Corporations P.O. I FILING F				e, FL 32314