

L21000433987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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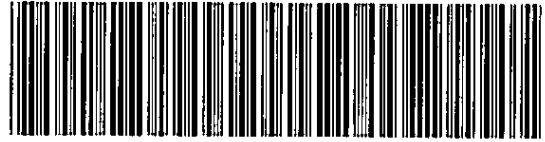
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOMENTUM HEALTH SERVICES 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:

ERICKA M. ACOSTA  
Name of Person

MOMENTUM HEALTH SERVICES LLC  
Firm/Company

2725 SW 27TH AVE APT F5  
Address

GAINESVILLE, FL 32608  
City/State and Zip Code

ericka.acosta@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICKA M. ACOSTA at ( 352 ) 709-0264  
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: MOMENTUM HEALTH SERVICES LLC

2. (a) 7901 4TH ST N (b) 7901 4TH ST N

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

STE 300 STE 300

ST.PETERSBURG, FL 33702 ST.PETERSBURG, FL 33702

10/04/2021 L21000433987

3. Date of filing/registration in Florida

4. Document number

5. (a) REGISTERED AGENTS INC

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

7901 4TH ST N

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 300

ST.PETERSBURG, FL 33702

(b) ERICKA M. ACOSTA

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

2725 SW 27TH AVE

NEW Registered Office Address:

APT F5

GAINESVILLE, FL 32608

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Ericka M. Acosta

Signature of a member or authorized representative of a member

ERICKA M. ACOSTA

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.*

Ericka M. Acosta

Signature of Registered Agent