

L21000504133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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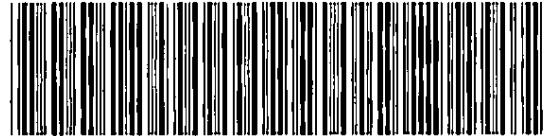
(Business Entity Name)

(Document Number)

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2022 AUG 15 AM 8:07
ALLIANCE
2022 JUL -1 AM 8:23

8/15/2022

;

SUBJECT: Alpha Medicine and Rehab, LLC

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Gisela Leaman

2503 Del Prado Blvd S, Ste 510

The timeline shows the progression of the 2011-2012 season from September to May. Key events include the start of the season in September, the peak in November, and the end in May. The timeline is marked with months and years: 2011, 2012, and 2013.

gleaman@urhealth.today

Gisela Leaman

_____ at (_____) _____

Area Code & Daytime Telephone Number

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

■ \$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: Alpha Medicine and Rehab, LLC
2. (a) Alpha Medicine and Rehab, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2503 Del Prado Blvd S, Ste 510
Cape Coral, FL 33904
11/24/2021
- (b) Alpha Medicine and Rehab, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PO Box 100845
Cape Coral, FL 33910
L21000504133

3. 11/24/2021 Date of filing/registration in Florida 4. L21000504133 Document number

5. (a) Alpha Medicine and Rehab, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Webster, Paul S

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2503 Del Prado Blvd S, Ste 510

Cape Coral, FL 33904

- (b) Alpha Medicine and Rehab, LLC

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

Aldrich Mendoza

NEW Registered Office Address:

2503 Del Prado Blvd, Ste 510

Cape Coral, FL 33904

2022 JUL -1 AM 8:23

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]
Signature of a member or authorized representative of a member

Luis Gonzalez

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]
Signature of Registered Agent