

122000172637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

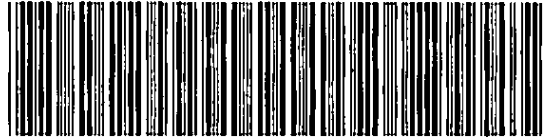
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG - 9 2022

Office Use Only



300388606613

05/31/22--01008--010 **25.00

FILED
2022 MAY 31 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida Mobile Medical

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:

Marie Shields

Name of Person

South Florida Mobile Medical

Firm/Company

5036 SW 87th Terrace

Address

Cooper City, FL 33328

City/State and Zip Code

marieshieldsrn05@gmail.com

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

For further information concerning this matter, please call:

Edward Sweeney

954 625-9588
at ()

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: South Florida Mobile Medical
2. (a) 5036 SW 87th Terrace Cooper City, FL 33328
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 5036 SW 87th Terrace Cooper City, FL 33328
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 4-9-2022 Date of filing registration in Florida
4. L22000172637 Document number
5. (a) Legal Zoom
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
UNITED STATES CORPORATION AGENTS, INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. SEMORAN BLVD. 36 ORLANDO, FL 32822
FL
- (b) Marie Shields
Enter name of NEW Registered Agent and/or NEW Registered Office address
5036 SW 87th Terrace Cooper City, FL 33328
NEW Registered Office Address:
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.

M. Shields

Signature of a member or authorized representative of a member

Marie C Shields

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.

FILED
2022 MAY 31 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FL