

L22 000204245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

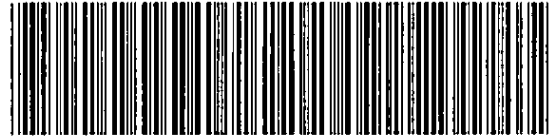
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR 25 AM 9:25

RECEIVED
2023 APR 25 AM 9:25
CLERK OF COURT
TALLAHASSEE, FLORIDA

A. BUTLER

APR 26 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 699835 7567450

AUTHORIZATION :

COST LIMIT : \$ 55.00



ORDER DATE : April 24, 2023

ORDER TIME : 9:28 AM

ORDER NO. : 699835-010

CUSTOMER NO: 7567450

CHANGE OF AGENT

NAME: AMZAK ALTIOR HEALTHCARE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amzak Altior Healthcare 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:

Maria Bothwell

Name of Person

Amzak Altior Healthcare LLC

Firm/Company

980 N Federal Highway, Suite 315

Address

Boca Raton, FL 33432

City/State and Zip Code

mbothwell@amzak.com

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

For further information concerning this matter, please call:

Maria Bothwell

at (561) 953-4164

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: Amzak Altior Healthcare LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

980 N Federal Highway, Suite 315

Boca Raton, FL 33432

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

5. (a) April 29, 2022

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

Luis Espinal

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

980 N Federal Highway Suite 315

Boca Raton, FL 33432

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

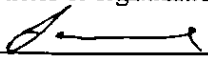
NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

2023 APR 29 AM 9:25

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

LUIS ESPINAL
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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00