

L2200027033E

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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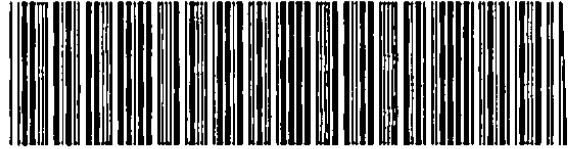
(Business Entity Name)

(Document Number)

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TREASURY, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of resgistered agent for BIOCARE LABORATORIES 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:

CARLOS MIGUEL GUTIERREZ
Name of Person

BIOCARE LABORATORIES LLC
Firm/Company

16255 SW 56 TERRACE
Address

MIAMI, FLORIDA, 33193
City/State and Zip Code

carlos@weprivatelabel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS MIGUEL GUTIERREZ at (786) 2536784
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
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

1. Name of the limited liability company: BIOCARE LABORATORIES LLC
2. (a) 8570 NW 93RD ST MEDLEY, FL 33166
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 8570 NW 93RD ST MEDLEY, FL 33166
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 06/14/2022 Date of filing/registration in Florida
4. L22000270335 Document number

5. (a) AFW & ASSOCIATES CORP
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
10540 NW 26 ST - G-103
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
- DORAL, FL 33172

- (b) CARLOS MIGUEL GUTIERREZ
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- 16255 SW 56 TERRACE
NEW Registered Office Address:
- MIAMI, FL 33193

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TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

Cindy Meza
050F3AA05A1A486
Signature of a member or authorized representative of a member

CINDY MEZA
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.

[Signature]
Signature of Registered Agent