

L23000.157096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

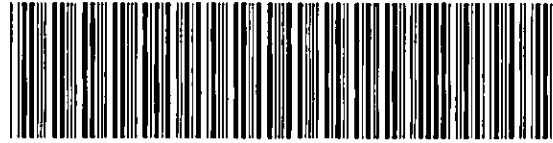
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Ra Change

JUL 19 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADDMEDHEALTH 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:

Ruth E Marte

Name of Person

Capital Tax & Filing Solutions LLC

Firm/Company

375 N State Rd 434 Ste 2208

Address

Altamonte Springs, FL 32714

City/State and Zip Code

addmedhealth1@outlook.com

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

For further information concerning this matter, please call:

Ruth E Marte

863

599-9894

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

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2024

RUTH E MARTE
CAPITAL TAX & FILING SOLUTIONS LLC
375 N STATE RD 434 STE 2208
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ADDMEDHEALTH LLC
Ref. Number: L23000157096

We have received your document for ADDMEDHEALTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent must sign the acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 024A00012359

**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: ADDMEDHEALTH LLC

2. (a) 1621 Kersley Cir Lake Mary, FL 32746 (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

12301 LAKE UNDER HILLS ROAD

ORLANDO, FL 32828

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

425 RACCOON ST

LAKE MY, FL 32746

03/30/2023

L23000157096

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

5. (a) Ruth E Marte
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

375 N State Rd 434 Ste 2208

Altamonte Springs, FL 32714

(b) Felix I Lopez Bermudez

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

1621 Kersley Cir

NEW Registered Office Address:

1621 Kesley Cir

Lake Mary, FL 32746

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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 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.

Ruth E Marte
Signature of a member or authorized representative of a member

Ruth E Marte

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.

Felix I Lopez Bermudez
Signature of Registered Agent