

L23000290727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

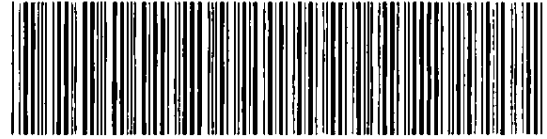
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AC Medical Services 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:

Linda Lamb

\_\_\_\_\_  
Name of Person

Verna & Associates

\_\_\_\_\_  
Firm/Company

105 Jessup RD

\_\_\_\_\_  
Address

Thorofare NJ 08086

\_\_\_\_\_  
City/State and Zip Code

llamb@verna.com

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

For further information concerning this matter, please call:

Linda Lamb

\_\_\_\_\_  
Name of Person

856

at (

384-8400

) \_\_\_\_\_  
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

INHS18 (2/14)

**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: AC Medical Services LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
3201 NE 183rd St Apt 2401,  
Aventura, FL 33160
- (b) Mailing address of limited liability company  
(Note: MAY BE POST OFFICE BOX)  
3201 NE 183rd St Apt 2401,  
Aventura, FL 33160
- June 15, 2023 L23000290727
3. Date of filing/registration in Florida 4. Document number

5. (a) Anthony Catapano  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7945 Noremac Ave  
Miami Beach, FL 33141

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address  
Amanda Catapano  
NEW Registered Office Address  
3201 NE 183rd St Apt 2401,  
Aventura, FL 33160

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.

Amanda Alberino Catapano  
Signature of a member or authorized representative of a member

Amanda Alberino Catapano  
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.*

Amanda Alberino Catapano  
Signature of Registered Agent

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

2023 AUG - 1 AM 9:33

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