

L2300U389 834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SoFlo Clinical Trials 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:

Kalvin Cline
Name of Person

SoFlo Clinical Trials LLC
Firm/Company

1900 NE 8th Ct, Apt. 104
Address

Fort Lauderdale, FL 33304
City/State and Zip Code

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

For further information concerning this matter, please call:

Kalvin Cline at (561) 305-3102
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

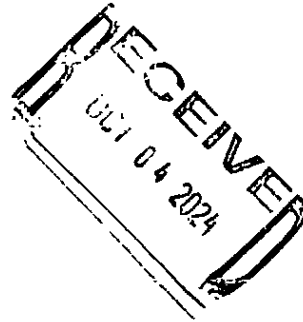


FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2024

KALVIN CLINE
1900 NE 8TH CT. APT 104
FORT LAUDERDALE, FL 33304

SUBJECT: SOFLO CLINICAL TRIALS LLC
Ref. Number: L23000389834



We have received your document for SOFLO CLINICAL TRIALS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 324A00020241

• **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: SoFlo Clinical Trials LLC
2. (a) 1900 NE 8th CT Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Apt. 104
Fort Lauderdale, FL 33504
- (b) 1900 NE 8th CT Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Apt. 104
Fort Lauderdale, FL 33504
3. 08/18/2023 Date of filing/registration in Florida
4. L23000389834 Document number
5. (a) Republic Registered Agent LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1150 NW 72nd Ave Tower 1
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
STE 455
Miami, FL 33126
- (b) Kalvin Cline
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1900 NE 8th CT, Apt. 104
NEW Registered Office Address:
Fort Lauderdale, FL 33304

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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]
Signature of a member or authorized representative of a member

Kalvin Cline
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