

L24000040326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

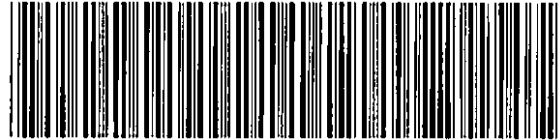
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

New RA Signature

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

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JUL 19 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABLECAREMED HEALTH 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: ABLECAREMED HEALTH LLC
Ref. Number: L24000040326

We have received your document for ABLECAREMED HEALTH 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: 624A00012350

**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: ABLECAREMED HEALTH LLC
2. (a) 200 Treemonte Dr Unit 350 Orange City, FL 32763
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
1621 Kersley Cir
Lake Mary, FL 32746
- (b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
1621 Kersley Cir
Lake Mary, FL 32746
3. 01/22/2024 Date of filing/registration in Florida
4. L24000040326 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