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Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : I20040000104
Phone : (904)366-1500
Fax Number : (904)366-1501

STATE OF FLORIDA
TALLAHASSEE, FL

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: trmiller@bmdllc.com

**LLC REGISTERED AGENT CHANGE
AIR HEALTHCARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON
OCT - 3 2024

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIR Healthcare, 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:

Amanda L. Waesch, Esq.

Name of Person

Brennan, Manna & Diamond, LLC

Firm/Company

75 E Market Street

Address

Akron, OH 44308

City/State and Zip Code

alwaesch@bmdllc.com

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

For further information concerning this matter, please call:

Tracy R. Miller, Paralegal

330
at (_____) _____

253-5060 ext. 105

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

INHS18 (2/14)

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: AIR Healthcare, LLC
2. (a) 910 Old Camp RD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
STE 144
The Villages, FL 32162
- (b) 910 Old Camp RD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
STE 144
The Villages, FL 32162
3. 09/09/2024
Date of filing/registration in Florida
4. L24000393754
Document number
5. (a) Felix Agbo, M.D.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
910 Old Camp RD
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
STE 144
The Villages, FL 32162
- (b) Brennan, Manna & Diamond, P.L.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
5210 Belfort RD
NEW Registered Office Address:
STE 400
Jacksonville, FL 32256

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

Felix Agbo, M.D.
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.

[Signature]
Signature of Registered Agent

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 TALLAHASSEE, FL