

To: 8/20/25, 9:40 PM

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2025-08-20 21:47:10 PDT

LegalZoom.com, Inc.

From: Yash Waydande

L250002933283474

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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LLC REGISTERED AGENT CHANGE  
PH MEDICAL BILLING PROFESSIONAL LIMITED LIABILITY CO

Certificate of Status	0
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PH MEDICAL BILLING PROFESSIONAL LIMITED LIABILITY COMPANY  
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:

Erik Treutlein  
Name of Person

Legalzoom.com, Inc.  
Firm/Company

11501 Domain Dr., Ste 200  
Address

Austin, TX 78758  
City/State and Zip Code

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

For further information concerning this matter, please call:

Erik Treutlein at ( 800 ) 773-0888 ext 9724  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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.

PH MEDICAL BILLING PROFESSIONAL LIMITED LIABILITY COMPANY

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2544 SAGE DR

KISSIMMEE, FL 34758

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2544 SAGE DR

KISSIMMEE, FL 34758

07/08/2025

L25000313474

3. Date of filing/registration in Florida

4. Document number

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

PEREZ CLEMENTE, DIEGO

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

2544 SAGE DR

KISSIMMEE, FL 34758

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

UNITED STATES CORPORATION AGENTS, INC.

NEW Registered Office Address:

476 Riverside Ave.

Jacksonville, FL 32202

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.

/s/ JAILEEN HERNANDEZ

JAILEEN HERNANDEZ

Signature of a member or authorized representative of a member

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.

*Erik Treutlein*

Erik Treutlein, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
2025 AUG 21 PM 4:15  
CLERK OF CIRCUIT COURT  
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