

MD10000001048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

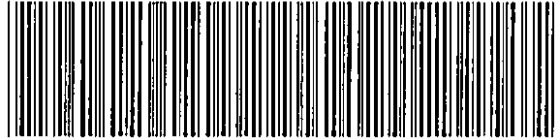
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 MAY 27 AM 8:41

2020 MAY 27 PM 1:11

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JUN 01 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2020

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: UNITED SEATING AND MOBILITY, L.L.C.
Ref. Number: M01000001048

We have received your document for UNITED SEATING AND MOBILITY, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 420A00010597

RECEIVED
2020 MAY 29 PM 1:08
DIVISION OF CORPORATIONS
FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 5/27/2020

****WALK IN****

ENTITY NAME UNITED SEATING AND MOBILITY LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

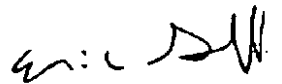
****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25

ACCOUNT # 120160000072



Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED SEATING AND MOBILITY, L.L.C.
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:

James Connolly

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Ln.

Address

Lancaster, PA 17601

City/State and Zip Code

corporate@harborcompliance.com

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

For further information concerning this matter, please call:

James Connolly

Name of Person

at (717) 431-9130

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.

1. Name of the limited liability company: UNITED SEATING AND MOBILITY, L.L.C.

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1111 Cromwell Ave., STE. 601
Rocky Hill, CT 06067-3455

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1111 Cromwell Ave., STE. 601
Rocky Hill, CT 06067-3455

3. 05/10/2001 Date of filing/registration in Florida

4. M01000001048 Document number

5. (a) CT CORPORATION SYSTEM
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
PLANTATION, FL 33324


2020 MAY 27 AM 8:41
 STATE
 FILE

(b) Registered Agents Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

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.

 Tamas Feitel
 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.

 Bill Havre - Assistant Secretary
 Signature of Registered Agent