

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**M0900002663**

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((H19000151022 3)))



H190001510223ABCV

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

From: Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : 120160000048  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

APPROVED  
AND  
FILED

2019 MAY - 7 AM 9:51

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

**Email Address:** \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
ARISTA IMAGING OF N MIAMI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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MAY 08 2019

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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:

ARISTA IMAGING OF N MIAMI, LLC

2. (a) 1860 NE MIAMI GARDENS DRIVE

(b) PO BOX 1169

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33179

ROCKLAND, ME 04841

7/10/2009

M09000002663

3. Date of filing/registration in Florida

4. Document number

5. (a) VADILLO, MANUEL JESQ.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11402 NW 41ST STREET, SUITE 202

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33178

(b) Capitol Corporate Services, Inc.

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

515 East Park Avenue 2nd Fl

NEW Registered Office Address:

Tallahassee, FL 32301

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 of a member or authorized representative of a member

Martin Farrell

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 of Registered Agent

Delanie Case, Assistant Secretary on  
behalf of Capitol Corporate Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

INHS18 (2/14)

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CLERK OF THE STATE  
TALLAHASSEE, FLORIDA