

709000004194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

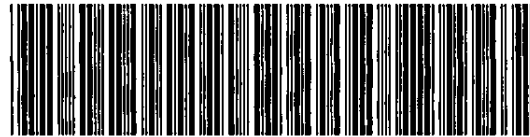
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 DEC 10 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 11 2012

EXAMINER

VCORP SERVICES, LLC

November 28, 2012

Department of State
Registration Section of Division of Corporations
2661 Executive Circle
Tallahassee, FL 32301

FILED
2012 DEC 10 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Change of Agent Submissions for Five (5) LLCs

Dear Examiner:

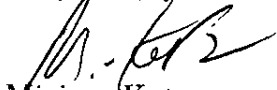
Please file the attached Registered Agent/Registered Office Change for the above referenced entity. A check for \$125 (\$25 for each submission) has been enclosed to cover the costs of the filing.

Should there be an error on the attached please contact me ASAP at the info below.

Please fax confirmation of filing to 845-818-3588, if available. If not, please email to the address listed below, or use the enclosed self-addressed envelope.

Thank you for your attention to this matter.

Very truly yours,



Miriam Katz

Email: mkatz@vcorpservices.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLATINUM HEALTH SERVICES, 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:

Miriam Katz

Name of Person

Vcorp Services, LLC

Firm/Company

25 Robert Pitt Drive, Suite 204

Address

Monsey, NY 10952

City/State and Zip Code

mkatz@vcorpservices.com

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

For further information concerning this matter, please call:

Miriam Katz

Name of Person

at (845) 425-0077

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

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: PLATINUM HEALTH SERVICES, LLC

2. (a) Principal office address of limited liability company: 4512 FARRAGUT RD.

(Note: MUST BE STREET ADDRESS)

BROOKLYN NY 11203

(b) Mailing address of limited liability company: 4512 FARRAGUT RD.

(Note: MAY BE POST OFFICE BOX)

BROOKLYN NY 11203

10/22/2009

3. Date of filing/registration in Florida

M09000004194

4. Document number

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

Registered Agent: GANZ, SIMON

Registered Office Address: 5055 COLLINS AVE
APT 3C
MIAMI BEACH FL 33140 US

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

NEW Registered Agent: Vcorp Services, LLC

NEW Registered Office Address: 5011 South State Road 7, Suite 106

(MUST BE FLORIDA STREET ADDRESS)

Davie, FL 33314

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.

Simon Ganz
Signature of a member or authorized representative of a member

Simon Ganz
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 608, 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.

Vcorp Services, LLC, Miran Kary
Signature of Registered Agent Authorized Person

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

FILING FEE: \$25.00