

M 11 000000 4252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

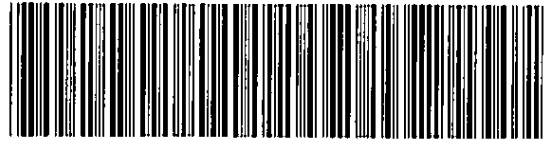
(Business Entity Name)

(Document Number)

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2024 FEB 29 AM 9:55

RECEIVED

2024 FEB 29 PM 3:29

ALLIANCE FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 336300 8366355

AUTHORIZATION :

COST LIMIT : \$ 25.00 25.00

ORDER DATE : February 27, 2024

ORDER TIME : 1:11 PM

ORDER NO. : 336300-035

CUSTOMER NO: 8366355

CHANGE OF AGENT

NAME: HEALTHCARE COLLECTIONS- I,
L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHCARE COLLECTIONS-I, 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:

Sherilyn Kistner

Name of Person

Simplicated, Inc.

Firm/Company

1501 Technology Parkway

Address

Cedar Falls, IA 50613

City/State and Zip Code

sherilyn.kistner@simplicated-inc.com

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

For further information concerning this matter, please call:

Sherilyn Kistner

at (_____) _____

319 244-7039

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

2011 FEB 29 AM 9:55

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: HEALTHCARE COLLECTIONS-I, L.L.C.
2. (a) HEALTHCARE COLLECTIONS-I, L.L.C.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2224 W Northern Ave Suite D100
Phoenix, AZ 85021-4928
08/23/2011
- (b) HEALTHCARE COLLECTIONS-I, L.L.C.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
318 S Clinton St Suite 400
Syracuse, NY 13202
M11000004252
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:
CT Corporation System
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 South Pine Island Road
Plantation, FL 33324
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

2008 FEB 29 PM 9:55

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.

Jacob Corlyon, Manager

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.

Signature of Registered Agent