

M/300000 1191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

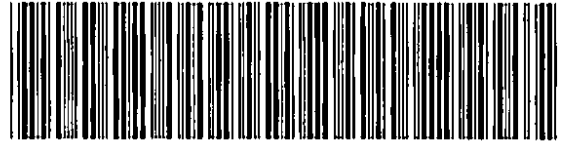
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 FEB 19 A 10:54  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2019

TERI ALCOTT  
200 FIRST ST SW  
ROCHESTER, MN 55905

SUBJECT: MAYO COLLABORATIVE SERVICES, LLC  
Ref. Number: M13000001191

We have received your document for MAYO COLLABORATIVE SERVICES, LLC and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corp, but your entity is a foreign LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 919A00001409

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2019 FEB 19 A 10:50  
TALLAHASSEE, FLORIDA  
REGISTRAR

2019 FEB 19 10:50

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mayo Collaborative 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:

Teri Alcott

Name of Person

Mayo Clinic

Firm/Company

200 First Street SW

Address

Rochester, MN 55905

City/State and Zip Code

alcott.teri@mayo.edu

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

For further information concerning this matter, please call:

Teri Alcott at ( 507 ) 284-2990  
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 (on file) ☐ \$55 Filing Fee & Certified Copy

FILED  
2019 FEB 19 A 10:50  
TALLAHASSEE, FLORIDA

**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: Mayo Collaborative Services, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

200 First Street SW

200 First Street SW

Rochester, MN 55905

Rochester, MN 55905

02/12/2013

M13000001191

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:

Stephen Nelson

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4500 San Pablo Road

Jacksonville, FL 32224

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

Sally Anne Brown

NEW Registered Office Address:

4500 San Pablo Road

Jacksonville, FL 32224

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

Sherry L. Hubert, Assistant Secretary

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

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

FILING FEE: \$25.00

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2019 FEB 19 A 10:50  
TALLAHASSEE, FLORIDA