

MB0000003551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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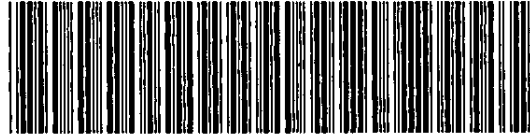
(Business Entity Name)

(Document Number)

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COVER LETTER

 PAID

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN HEALTHCARE TECHNOLOGY, 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:

JAMES GEORGE

Name of Person

AMERICAN HEALTHCARE TECHNOLOGY, LLC

Firm/Company

201 N. FRANKLIN STREET, SUITE 3410

Address

TAMPA, FL 33602

City/State and Zip Code

JAMESGEORGE5@GMAIL.COM

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

For further information concerning this matter, please call

JAMES GEORGE

Name of Person

at (718) 322-7307

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 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: AMERICAN HEALTHCARE TECHNOLOGY, LLC
2. (a) Principal office address of limited liability company: 201 N. FRANKLIN STREET
SUITE 3410
TAMPA, FL 33602
- (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 201 N. FRANKLIN STREET
SUITE 3410
TAMPA, FL 33602
- (Note: **MAY BE POST OFFICE BOX**)

JUNE 5, 2013

M13000003551

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:

Registered Agent:

LORI J. DIAZ

Registered Office Address:

7853 GUNN HIGHWAY, # 399
TAMPA, FL 33626

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

NEW Registered Agent:

JAMES GEORGE

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

201 N. FRANKLIN STREET

SUITE 3410

TAMPA, FL 33602

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.

James George
Signature of a member or authorized representative of a member

JAMES GEORGE

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.

James George
Signature of Registered Agent

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