

M13000007214

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TALLAHASSEE, FLORIDA

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J. LEGGETT
APR 13 2018



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: 4/12/2018

Account#: I20000000088

Name: Merritt Knickle

Reference #: B100476

Entity Name: REPUBLIC HEALTH RESOURCES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$ 25

Signature: [Signature]

① CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7200

② EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY #8010712
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

③ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REPUBLIC HEALTH RESOURCES, 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:

SHIRLEY ENNIS

Name of Person

REPUBLIC HEALTH RESOURCES, LLC

Firm/Company

290 E. JOHN CARPENTER FREEWAY

Address

SUITE 1200

City/State and Zip Code

IRVING, TEXAS 75062

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

For further information concerning this matter, please call:

Shirley Ennis

Name of Person

at (888) 942-8818

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 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: REPUBLIC HEALTH RESOURCES, LLC

2. (a) REPUBLIC HEALTH RESOURCES, LLC (b) REPUBLIC HEALTH RESOURCES, LLC
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
290 E. JOHN CARPENTER FREEWAY 290 E. JOHN CARPENTER FREEWAY
STE 1200 STE 1200
IRVING, TEXAS 64062 IRVING, TEXAS 64062

3. Date of filing/registration in Florida 4. Document number

5. (a) 11/14/2013; DOCUMENT NUMBER M13000007214
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRAI SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 3324

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

COGENCY GLOBAL INC.

NEW Registered Office Address:

115 N. CALHOUN ST, SUITE 4

TALLAHASSEE, FL 32301

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Shirley Ennis
Signature of a member or authorized representative of a member

Shirley Ennis
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.

Robert Louis Balwick VP
Signature of Registered Agent

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