

M14 0000000525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

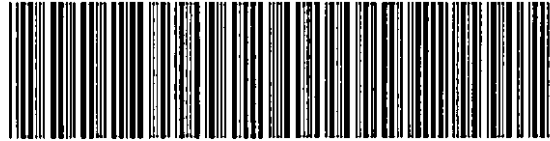
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

10/17

Office Use Only



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06/17/22--01013--008 \*\*25.00

2022 OCT -7 PM 6:41  
TALLAHASSEE, FLORIDA

OCT 11 2022

S. PRATHER



RECEIVED

SEP 12 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2022

BRICK BUSINESS LAW, P.A.  
3413 W FLETCHER AVE  
TAMPA, FL 33618

SUBJECT: DP INJECTABLES, LLC  
Ref. Number: M14000000525

We have received your document for DP INJECTABLES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

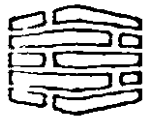
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 722A00019817

RECEIVED  
2022 OCT -7 PM 2:27  
TALLAHASSEE, FLORIDA



**BRICK BUSINESS LAW, P.A.**  
**FLORIDA LITIGATION AND COUNSEL**

Kevin G. Brick, Esq.\*  
John S. Koda, Esq.  
Joseph Kennett, Esq.

Jocelyn C. Smith, Esq.  
Scott W. Miller, Esq.  
Krishna Vasudevan, Esq.

\*B.C.S. Business Litigation

**Main Office Address:**  
Brick Business Law, PA  
3413 W Fletcher Ave  
Tampa, FL 33618

**Website:**  
BrickBusinessLaw.com

**Phone Numbers:**  
813-816-1816 (o)  
813-200-1032 (f)

**Email:**  
Danielle.Peynado  
@BrickBusinessLaw.com

September 20, 2022

**VIA EMAIL & U.S. FIRST CLASS MAIL:**

**Attn: Stacy Prather (AmendmentsCorpHelp@DOS.MyFlorida.com)**

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

**RE: DP INJECTABLES, LLC - M14000000525**  
**Change of Registered Agent Filing – Letter #722A00019817**

Dear Stacy:

Further to your letter dated September 7, 2022, received on September 12, 2022 (copy enclosed for ease of reference). Please find enclosed the corrected filing form regarding the Statement of Change of Registered Agent for the above mentioned.

We would be grateful if you could process the enclosed Change of Registered Agent. Should you have any questions or need anything else in the meantime, please contact me via email at [danielle.peynado@brickbusinesslaw.com](mailto:danielle.peynado@brickbusinesslaw.com) or by phone at 813-816-1816.

Sincerely,

Danielle Peynado  
Paralegal

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DP INJECTABLES, 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:

DANIELLE PEYNADO

\_\_\_\_\_  
Name of Person

BRICK BUSINESS LAW, P.A.

\_\_\_\_\_  
Firm/Company

3413 W FLETCHER AVE

\_\_\_\_\_  
Address

TAMPA, FLORIDA 33618

\_\_\_\_\_  
City/State and Zip Code

DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM

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

For further information concerning this matter, please call:

DANIELLE PEYNADO

\_\_\_\_\_  
Name of Person

813 816-1816  
at ( )

\_\_\_\_\_  
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

INHS18 (2/14)

**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: DP INJECTABLES, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

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:

DINA ELFTMANN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

204 37TH AVE N #337

ST. PETERSBURG, FL 33704

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

BRICK BUSINESS LAW, P.A.

NEW Registered Office Address:

3413 W FLETCHER AVE

TAMPA, FL 33618

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.

*Dina Elftmann*

NATIONWIDE TELEMEDICINE, LLC

Signature of a member or authorized representative of a member

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 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**