

M14000004936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

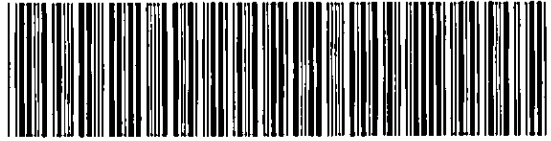
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 APR 12 AM 2:14

SECRETARY OF STATE
TALLAHASSEE, FL

END

2021 APR 12 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FL

APR 12 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 753474 8022751

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 25.00

ORDER DATE : April 12, 2021

ORDER TIME : 11:24 AM

ORDER NO. : 753474-010

CUSTOMER NO: 8022751

CHANGE OF AGENT

NAME: POTENTIS CAPITAL LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Potentis Capital 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:

Christopher T. Butler
Name of Person

c/o Med Affect LLC
Firm/Company

1 E Broward Blvd, Suite 300W
Address

Ft. Lauderdale, FL 33301
City/State and Zip Code

Christopher.Butler@MedAffect.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher T. Butler at (239) 470-0000
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

**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: Potentis Capital LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

c/o Medaffect One East Broward Blvd. Ste 300 W.

Fort Lauderdale, FL 33301

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

c/o Medaffect One East Broward Blvd. Ste 300 W.

Fort Lauderdale, FL 33301

07/14/2014

M14000004934

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:

Christopher Butler

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

One East Broward Blvd. Ste 300 W.

Fort Lauderdale, FL 33301

(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

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

Christopher T. Butler
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