

M15000007046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

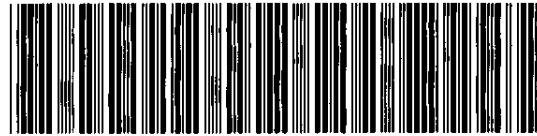
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF REVENUE  
16 DEC 22 AM 11:04

FILED  
16 DEC 22 AM 9:18  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF REVENUE

DEC 23 2016

Y SULKER

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

ACCOUNT NO. : I20000000195

REFERENCE : 431112 7391888

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : December 20, 2016

ORDER TIME : 10:10 AM

ORDER NO. : 431112-335

CUSTOMER NO: 7391888

CHANGE OF AGENT

NAME: AVECTUS HEALTHCARE SOLUTIONS,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avectus Healthcare Solutions, 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:

Valerie Hayes

Name of Person

The ROI Companies

Firm/Company

1920 Greenspring Drive, Suite 200

Address

Timonium, MD 21093

City/State and Zip Code

vhayes@theroi.com

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

For further information concerning this matter, please call:

Valerie Hayes

at ( 443 ) 632-0452

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

☒ \$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: Avectus Healthcare Solutions, LLC

2. (a) 503 Cruise Street (b) 503 Cruise Street  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Corinth, MS 38834

Corinth, MS 38834

3. 08/31/2015 4. M15000007046  
Date of filing/registration in Florida Document number

5. (a) C T CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) Corporation Service Company  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street

**NEW** Registered Office Address:

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]  
Signature of a member or authorized representative of a member

FRANK STELLATO  
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] Melissa Zender  
Signature of Registered Agent Corporation Service Company BY: Asst. Vice President

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