M17000005811

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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05/67/18:5 1005-607 (6.75)



COVER LETTER

TO: Registration Section Division of Corporations							
MEDIHEALTH CONSULTING SERVICES, 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:							
VIKASH NA NEGANDHI							
Name of Person							
MEDIHEALTH CONSULTING SERVICES LLC Firm/Company							
15 HALLMONT CIO							
15 HALLMONT CIR Address							
PENFIELD, NY 14526							
City/State and Zip Code							
medihealth consulting @ yahoo. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
VIKASH M NEGANDHI at (585) 766-8444							
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 & 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

Floride	a.						
1. Na	ame of the limited liability company: $\frac{1}{2}$	MEDIHEALT	H CONSULTI	NG SERVIC	ces_	LLC	
2. (a)	13052 ANTHORNE	LANE	(b) 13052	ANTHOR	NE	LANE	
2. (4)	· · · · · · · · · · · · · · · · · · ·			failing address of limited liability company: (Note: MAYBE POST OFFICE BOX)			
			_	- -			
	BOYNTON BEACH F	L 33436	DOYNTO	N BEACH	FL	30436	
		 		· · ·			
	JULY 10, 2017		M1700	000581	1		
3.	Date of filing/registration in	Florida	4. Do	cument number			
5. (a)	UNITED STATES C	ORPORATION	AGENTS I	Nr.			
. (,	Registered Agent and Registered Office shows						
	13302 WINDING	OAK COU	RT SUITE	Α			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
				A A		<u> </u>	
	TEMPA	, FL	33612	ALLAHASSEE, FLORID	JUN -7	FILED	
(L)	VIKASH M NE	GANDHI	-		÷ 9:		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			33.5 13.5 13.5	မှာ ယ		
		_		20			
	13052 ANTHORN	ELANE					
	NEW Registered Office Address:						
	BOYNTON BEACH	FL 3	3436				
	BOYNTON BEACH		33 <i>436</i>				
		, PL	<u> </u>				
	imited liability company is not organize						
	inge or changes are made, the Florida's will be identical. Or, in the case of a Fl						
was/we	ere authorized by an affirmative vote of cles of organization or the operating ag	f the members of th	e limited liability co	mpany or as othe			
					ÄNINL		
Signal	ture of a member or authorized representative o	f a member	VIKASH	nted or typed name o	1 signee	7'	
I herel	by accent the appointment as registered	d avent and avree t	to act in this canacit	v – I fürther agree	to com	nly with the	
provisi the obl to mere	ons of all statutes relative to the prope igations of my position as registered a ely reflect a change in the registered of	r and complete per gent as provided fo fice address. I here	formance of my duti r in Chapter 605, F. by confirm that the	es, and I am fami S. Or, if this doc limited liability c	liar with ument is ompany	h and accept s being filed has been	

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

notified in writing of this change.

Signature of Registered Agent