

M17000008713

Florida Department of State
Division of Corporations
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From: Account Name : M. BURR KEIM COMPANY
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2018 SEP 20 AM 8:58

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC REGISTERED AGENT CHANGE
CONVENIENT CARE SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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T. CLINE
SEP 21 2018
EXAMINER

2018 SEP 20 AM 9:52

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: CONVENIENT CARE SOLUTIONS LLC

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
222 W. Atlantic Ave., 2nd Floor
Haddon Heights, NJ 08035

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
222 W. Atlantic Ave., 2nd Floor
Haddon Heights, NJ 08035

3. 10/11/2017 Date of filing/registration in Florida

4. M17000008713 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
Dr. Jason Remick
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
239 East Virginia Street
Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
Jason Remick
NEW Registered Office Address
238 Sudduth Place
Panama City, FL 32404

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

Jason Remick, Member

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
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