## M18000000519

(Requestor's Name)				
· (Address)				
	(Address)			
•	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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14.5.5. 1010

## COVER LETTER

		COVER L	ETTER ,	80.0
	gistration Section vision of Corporations			Charles Controls
SUBJECT	. CANMEDLABS LLC			
SUBJECT		me of Limited Li	ability Company	
Dear Sir o	r Madam:			E. C.
The enclos	sed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.	
Please retu	irn all correspondence concerning t	this matter to the	following:	
Melissa (	Chavarri, Esq.			
	Name of Person			
Di Pietro	Partners, LLP			
-	Firm/Company		_	
901 East	t Las Olas Blvd., Suite 202			
	Address		_	
Fort Lau	derdale, FL 33301		•	
	City/State and Zip Code			
service@	ddpalaw.com			
E-ma	ail address: (to be used for future ar	mual report notif	cation)	
For further	information concerning this matte	r, please call:		
Melissa (	Chavarri, Esq.	954 at (	712-3070	
	Name of Person		Area Code & Daytime Telephon	e Number
Re Di Cl 26	rregistration Section vision of Corporations ifton Building 61 Executive Center Circle dlahassee, Florida 32301	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	
Er	iclosed is a check for the followir	ng amount:		
,			5 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: CANMEDLA	BS LLC
2. (a) 8411 West Oakland Park Blvd	(b) 8411 West Oakland Park Blvd
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Ste. 302	Ste. 302
Sunrise, FL 33351	Sunrise, FL 33351
January 1, 2018	M18000000519
3. Date of filing/registration in Florida	4. Document number
5. (a) Aaron Durall	
Registered Agent and Registered Office shown on the records of	the Florida Dept, of State;
8411 West Oakland Park Blvd	
Registered Office Address	ADDRESS)
Sunrise, FI	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	
NEW Registered Office Address:	PA 4: 35 EELFLORIS
7822 Marvanna Lane	<u> </u>
Parkland FI	L_33076
agent will be identical. Or, in the case of a Florida limited limited limited system authorized by an affirmative vote of the members the articles of organization or the operating-agreement of the Signature of a member of authorized representative of a member.  Thereby accept the appointment as registered agent and agent agent agent and agent agent agent agent and agent	of the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.  Aaron Durall, President/Registered Agent  Printed or typed name of signee aree to act in this capacity. I further agree to comply with the
the obligations of my position as registered agent as provide to merely reflect a change in the registered office address. I notified in writing of this change	e performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

Signature of Registered Agent