

10/21/2020 10:40

(FAX)

P.001/003

10/21/2020

Division of Corporations

# Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.  
Account Number : I20090000069  
Phone : (800)277-9977  
Fax Number : (800)815-0477

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

Email Address: scamp@cgrpr.com

## LLC REGISTERED AGENT CHANGE CAPITAL GROWTH MEDVEST PASCO-PINELLAS, LLC

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OCT 21 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

(((H20000365961 3)))

SUBJECT: CAPITAL GROWTH MEDVEST PASCO-PINELLAS, 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:

STEVEN E. CAMP

Name of Person

CAPITAL GROWTH BUCHALTER

Firm/Company

361 SUMMIT BLVD., SUITE 110

Address

BIRMINGHAM, AL 35243

City/State and Zip Code

scamp@cgppe.com

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

For further information concerning this matter, please call:

Natalie Leiba-Paul

at ( 800 )

277-9977

Name of Person

Area Code &amp; 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

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# 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: CAPITAL GROWTH MEDVEST PASCO-PINELLAS, LLC
2. (a) 361 SUMMIT BLVD, SUITE 110  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
BIRMINGHAM, AL 35243
- (b) 361 SUMMIT BLVD, SUITE 110  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
BIRMINGHAM, AL 35243
3. 01/17/2019  
Date of filing/registration in Florida
4. M18000000654  
Document number
5. (a) CT 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 (Note: MUST BE FLORIDA STREET ADDRESS)  
PLANTATION, FL 33324
- (b) NRAI SERVICES, INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1200 SOUTH PINE ISLAND ROAD  
NEW Registered Office Address:  
PLANTATION, FL 33324

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

Steven E. Camp

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.

BY:

NRAI SECRETARY

Signature of Registered Agent

NATALIE LEIBA-PAUL - ASSISTANT SECRETARY

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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
2020 OCT 21 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314