

M19 000000 3628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

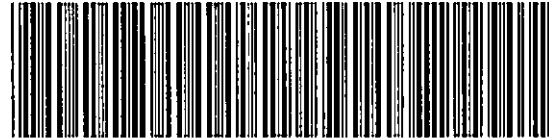
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 23 PM 4:02



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2021

PROCESSING DEPARTMENT
26025 MUREU ROAD
STE 120
CALABASAS, CA 91302

SUBJECT: PARAMETRICS MEDICAL, LLC
Ref. Number: M19000003628

We have received your document for PARAMETRICS MEDICAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 421A00015439

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARAMETRICS MEDICAL, 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:

PROCESSING DEPARTMENT

Name of Person

MYCORPORATION BUSINESS SERVICES, INC.

Firm/Company

26025 MUREAU ROAD SUITE 120

Address

CALABASAS, CA 91302

City/State and Zip Code

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

For further information concerning this matter, please call:

PROCESSING DEPARTMENT

Name of Person

877

692-6772

at (_____) _____

Area Code & 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

**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: PARAMETRICS MEDICAL, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1501 LEANDER DR STE 140
LEANDER, TX 78641

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1501 LEANDER DR STE 140
LEANDER, TX 78641

3. 04/08/2019 Date of filing/registration in Florida

4. M19000003628 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
JEAN SCHIKORA

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1941 CORDERO CT.
THE VILLAGES, FL 32159

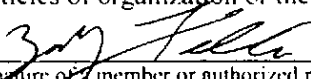
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Legalinc Corporate Services Inc.

NEW Registered Office Address:
5237 Summerlin Commons, Suite 400


Fort Myers, FL 33907

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 member or authorized representative of a member

ZACHARY FELICE 05/21/21
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