

M2000002838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

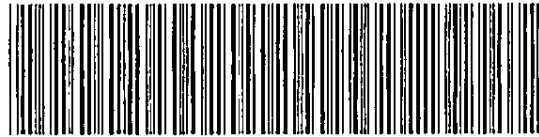
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 24 20 14:41

SEP 24 11:10:12

C. GOLDEN

SEP 25 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/24/2020

****WALK IN****

ENTITY NAME SOLARA MEDICAL SUPPLIES, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25.00

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Heppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLORA MEDICAL SUPPLIES, 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:

DOLORES BURTON

Name of Person

UNITED CORPORATE SERVICES, INC.

Firm/Company

100 STATE STREET, SUITE 800

Address

ALBANY, NY 12207

City/State and Zip Code

JOEY.KELLEY@UNITEDCORPORATE.COM

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

For further information concerning this matter, please call:

Name of Person

at ()

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

☐ \$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: SOLARA MEDICAL SUPPLIES, LLC
2. (a) 220 W Germantown Rd Ste 250
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Plymouth Meeting PA 19462
- (b) 220 W Germantown Rd Ste 250
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Plymouth Meeting PA 19462
3. 03/09/2020
Date of filing/registration in Florida
4. M20000002838
Document number
5. (a) REGISTERED AGENTS INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4 ST N, SUITE 300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ST. PETERSBURG, FL. 33702
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
United Corporate Services, Inc.
NEW Registered Office Address:
9200 South Dadeland Blvd., Ste. 508
Miami, FL. 33156

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.

/s/ Chris Joyce

Signature of a member or authorized representative of a member

CHRIS JOYCE, MANAGER

Printed or typed name of signer

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.

Michael A. Carr President
Signature of Registered Agent