

PO5 0000022234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

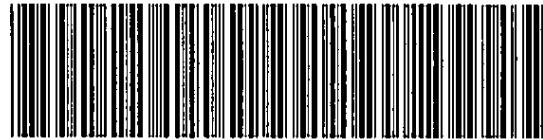
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/29/21--01012--017 \*\*35.00

06/02/2021  
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2021 APR 29 AM 1:21  
SECRETARY OF STATE  
HALL AND COUNTY

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunshine Medical Network II, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P05000022234

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Borell

Name of Contact Person

Law Offices of Alexander E. Borell

Firm/Company

319 Clematis Street, Suite 200

Address

West Palm Beach FL 33401

City/State and Zip Code

andrea@borelllaw.com

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

For further information concerning this matter, please call:

Alex Borell

Name of Contact Person

at (786)

586-5562

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sunshine Medical Network II, Inc.
2. The principal office address: 825 SW 87 Avenue, Suite B, Miami FL 33174
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/11/2005 Document number: P05000022234
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cheif Financial Officer

825 SW 87 Avenue, Suite B

Miami FL 33174

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jennifer Leyva

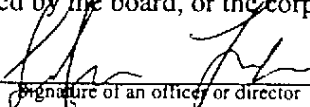
9600 SW 8 Street, Unit 18

P.O. Box NOT acceptable

Miami FL 33174

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

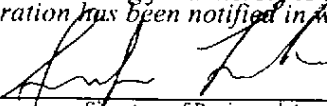
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jennifer Leyva, President

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

4/27/21  
Date

If signing on behalf of an entity:

Jennifer Leyva

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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