Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000172432 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

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REGISTERED AGENT CHANGE GREENPORT MEDICAL BILLING INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

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JUN 0.9 2020

COVER LETTER

TO: Amendment Section Division of Corporations						
GREENPORT MEDICAL BILLING INC SUBJECT:						
Name of Corporation						
DOCUMENT NUMBER:						
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:						
CHEYENNE MOSELEY						
Name of Contact Person						
LEGALZOOM.COM, INC.						
Firm:Company						
101 N BRAND BLVD., 11TH FLOOR						
Address						
GLENDALE, CA 91203						
City/State and Zip Code						
Gity/State and Zip Code greenportmedicalbilling@gmail.com E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call: 800 773-0888 ext 9724 CT						
CHEYENNE MOSELEY, LEGALZOOM, COM, INC. at (
Manie of Confact Person Area Code & Daytime Telephone Admocr						
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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation organi	, 607,1508, or 617,1508, Florida Statutes, this zed under the laws of the State of Florida red agent, or both, in the State of Florida				
	he corporation: GREENPORT MEDICA					
2. The principal	office address: 1913 SW AGUERO ST					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 11/14/2019	Document number: P19000088648				
5. The name and	street address of the current registered ag timent of State: (If resigned, enter resigned	ent and registered office on file with the				
	MARKS, ANN MARIE					
	2210 SEMINOLE PALMS DRIVE					
	GREENACRES, FL 33463					
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or τegistered office				
	UNITED STATES CORPORATION	AGENTS, INC.				
	5575 S. Semoran Blvd. Suite 36					
	P.O. Box NOT a Orlando, FL 32822	ecceptable				
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent,				
		by its board of directors or by an officer so fied in writing of the change.				
	161/671 (100420)	Alma Matthews, President Printed or typed name and title				
I hereby accept I further agree t performance of	the appointment as registered agent and to comply with the provisions of all statumy dilies, and I am familiar with and act showing the corporation has been notified in	agree to act in this capacity. tes relative to the proper and complete cept the obligation of my position as registered ct a charge in the registered office address, I				
- Class	nature of Registered Agent	06/08/2020 Date				
_	half of an entity:					
CHEYENNE N	MOSELEY, ASSISTANT					

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