

216 000 166 174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

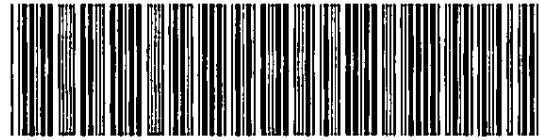
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300377853803

12/20/21--01020--027 **35.00

FILED
2022 JUN 28 PM 5:13
CLERK OF STATE
TAMPA, FL

Y SULKER

FEB 01 2022

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 28 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FL

January 10, 2022

LARRY J WILLIAMS
2191 9TH AVENUE N STE 280
ST. PETERSBURG, FL 33713

SUBJECT: AHCN LABS, LLC
Ref. Number: L16000166174

We have received your document for AHCN LABS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 022A00000708

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AHCN LABS, 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:

Larry J. Williams
Name of Person

AHCN LABS, LLC
Firm/Company

2191 9th Ave. N. Suite 150
Address

St Petersburg FL 33713
City/State and Zip Code

ljw@docsfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry J. Williams at (727) 224.9027
Name of Person 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: AHCN LABS, LLC

2. (a) 2191 9th Avenue N. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
(b) PO Box 55 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

Suite 150
St. Petersburg, FL 33713
St. Petersburg FL 33731

3. September 8, 2016 Date of filing/registration in Florida
4. L16000166174 Document number

5. (a) Larry J Williams
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5301 2nd Street S.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
St. Petersburg, FL 33711

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

2191 9th Ave N.
NEW Registered Office Address:
Suite 150
St. Petersburg, FL 33713

FILED
2022 JAN 28 PM 5:11
TALAHASSEE, FL
CLERK OF STATE

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.

Larry J Williams Signature of a member or authorized representative of a member
Larry J. Williams 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.

Larry J Williams
Signature of Registered Agent