

U12 000111163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

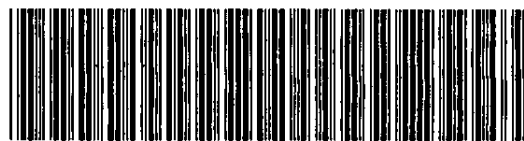
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FILED  
2013 MAY -9 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 10 2013

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: Town Center Medical Services, LLC

2. (a) Principal office address of limited liability company: 1690 Dunlawton Ave  
Ste 120  
Port Orange Fla 32127  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1690 Dunlawton Ave  
Ste 120  
Port Orange, FL 32127  
(Note: **MAY BE POST OFFICE BOX**)

8/29/2012  
3. Date of filing/registration in Florida

L1200011163  
4. Document number

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

Registered Agent:

Abir Nemaian

Registered Office Address:

994 Waterford Pointe Dr  
Port Orange FL 32127

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

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.

Abir Nemaian  
Signature of a member or authorized representative of a member

Abir Nemaian  
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 608, 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. \*

Abir Nemaian  
Signature of Registered Agent

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

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