

L16 000 118109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

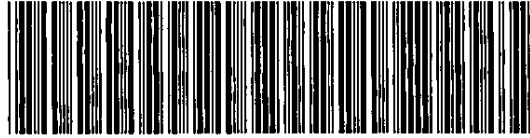
(Business Entity Name)

(Document Number)

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JUL 13 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALIFIED NEW PAIN SERVICES

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:

MONICA MEJIA

Name of Person

Firm/Company

10360 SW 150 CT

Address

MIAMI, FL 33196

City/State and Zip Code

ACCIDENT@NEWPAIN.INFO

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

For further information concerning this matter, please call:

BRYAN TORRES

1800

639-7246

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

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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 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: QUALIFIED NEW PAIN SERVICES

2. (a) Principal office address of limited liability company: 16666 NE 19 AVE
(Note: MUST BE STREET ADDRESS)
NORTH MIAMI BEACH, FL 33162

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: JUNE 20, 2016

4. Document number: L16000118109

5. (a) BRYAN TORRES
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8275 SW 152 AVE #314, MIAMI, FL 33193
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
16666 NE 19 AVE
MIAMI, FL 33162

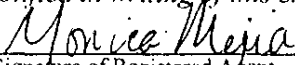
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
MONICA MEJIA
NEW Registered Office Address:
40 SW 13th ST #301
MIAMI, FL 33130

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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.

 BRYAN TORRES
Signature of a member or authorized representative of a member 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.


Signature of Registered Agent