

L17000147520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

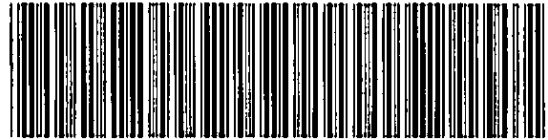
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2022 MAY 16 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bay Area Surgical Assisting 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:

Leonard P. Johns
Name of Person

Bay Area Surgical Assisting
Firm/Company

4122 Madison St #262
Address

Elfers, FL 34680
City/State and Zip Code

basalle2017@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonard P. Johns at (813) 310-5679
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: Bay Area Surgical Assisting LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
4122 Madison St. #262 P O Box 262
Elfers, FL 34680 Elfers, FL 34680

3. 07/10/2017 4. L17000147520
 Date of filing/registration in Florida Document number

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
11011 Avana Way Apt 107
Trinity, FL 34655

(b) Leonard P. Johns
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
4122 Madison St # 262
Elfers, FL 34680

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.

 Leonard P. Johns
 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

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 SECRETARY OF STATE
 TALLAHASSEE, FL