

L 17000168444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JR 09/23/20

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.

NEUROPATHIC PAIN MANAGEMENT

1. Name of the limited liability company: _____

CARLOS FELICIANO

1019 ORWELL AVE, ORLANDO, FL 32809

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)

1019 ORWELL AVE ORLANDO, FL 32809

08/17/2017

L17000168444

3. Date of filing/registration in Florida _____ 4. Document number _____

CARLOS FELICIANO

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NEUROPATHIC PAIN MANAGEMENT

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1019 ORWELL AVE

ORLANDO 32809
_____, FL _____

Carlos Feliciano

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Carlos Feliciano

NEW Registered Office Address:

201 HILDA ST

KISSIMMEE 34741
_____, FL _____

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.

Carlos Feliciano

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

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

FILING FEE: \$25.00