## 17000168444

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
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## **COVER LETTER**

TO: Registration Section Division of Corporations		,
NEUROPATHIC PAIN MAN	AGEMENT	
SUBJECT:		
	Name of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the	following:
CARLOS FELICIANO		
Name of Person	<u> </u>	_
NEUROLOGY AND NEUROPATHIC PAIN	N MANAGEMENT	
Firm/Company		
1019 ORWELL AVE		
Address		<del></del>
ORLANDO, FL 32809		
City/State and Zip Co		_
CAFNAN@YAHOO.COM		
E-mail address: (to be used for futur	e annual report notifi	ication)
For further information concerning this m	atter, please call:	
CARLOS A FELICIANO	813	508 5353
	at (	)
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follo	wing amount:	
□ \$25 Filing Fee	<b>=</b> \$5	55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

Nai	NEUROPATHIC F me of the limited liability company:			NT 
	CARLOS FELICIANO		1019 ORV	WELLAVE, ORLANDO, FL 32809
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1019 ORWELL AVE ORLANDO, FL 32809	<u>-</u>		
	08/17/2017		L17000168-	444
(a)	Date of filing/registration in Florida CARLOS FELICIANO	4.		Document number
	Registered Agent and Registered Office shown on the records of the NEUROPATHIC PAIN MANAGEMENT	e Florida	Dept. of State	· :
	Registered Office Address 1019 ORWELL AVE	DDRESS	7	
		32809		
(b) .	Carlos Feliciano			
	Enter name of NEW Registered Agent and/or NEW Registered Of Carlos Feliciano	Office add	<u>lress</u> :	
	NEW Registered Office Address: 201 HILDA ST			
	KISSIMMEE , FL	34741		
ange ent w ø/wei	mited liability company is not organized under the laws or changes are made, the Florida street address of the refine identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the limited liab.	egistere ility con the limi mited li	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
ignatu	are of a member or authorized representative of a member		<u>,                                     </u>	Printed or typed name of signee
mere.	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided j ly reflect a change in the registered office address, I he in writing of this change.	to act erforma for in C reby co	in this capa nce of my d hapter 605, nfirm that t	city. I further agree to comply with th luties, and I am familiar with and acce F.S. Or, if this document is being file he limited liability company has been

Signature of Registered Agent