

M08000005324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



MWE Corporate Services, LLC

1000 N. West Street, Suite 1400, Wilmington, DE 19801
Tel +1 302 485 3907 Fax +1 302 351 8633 Email MWECS@mwe.com

May 28, 2024

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: EBI, LLC – FL Registered Agent Change

Dear Sir or Madam:

Please find enclosed a request to change the registered agent for EBI, LLC and obtain a certified copy.

Please have the entity qualified and use the pre-paid FedEx label to return a certified copy to the following address.

Nicole Cortina
McDermott Will & Emery LLP
One Vanderbilt Avenue
New York, NY 10017-3852

If you have any questions about this filing, please contact me at Ncortina@mwe.com or +1 929 563 7372.

Thank you.

Sincerely,

MWE Corporate Services, LLC

A handwritten signature in black ink, appearing to read 'Lori A. Sauselein', written over a horizontal line.

By:

Name: Lori A. Sauselein

Title: Authorized Person

Please refile



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2024

NICOLE CORTINA
MCDERMOTT WILL & EMERY LLP
ONE VANDERBILT AVE
NEW YORK, NY 10017-3852

SUBJECT: EBI BONE HEALING, LLC
Ref. Number: M08000005324

We have received your document for EBI BONE HEALING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 324A00014377

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: EBI, 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)

3. 12/08/2008 Date of filing/registration in Florida 4. M08000005324 Document number

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

UNITED AGENT GROUP INC.
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408

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 TALLAHASSEE, FLORIDA

(b) C T Corporation System
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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.

Glen Kashuba
 Signature of a member or authorized representative of a member

Glen Kashuba
 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.

Mundica Hellme
 Signature of Registered Agent