

AD S00000091

CAPITOL SERVICES

(01/02) 01/03/2019 12:06:59 PM

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : I20160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
EFO LASER SPINE INSTITUTE, LTD.**

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Estimated Charge	\$35.00

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

**1. EFO LASER SPINE INSTITUTE, LTD.**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 1/10/2005**

Date of filing/registration in Florida

**3. A05000000091**

Florida document number

**4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:**

GRAMMEN, ROBERT

Name

9115 Galleria Court, Suite 105

Address

Naples, FL 34109

City, State and Zip

**5. The name and Florida street address of the new registered agent and/or office:**

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd Fl

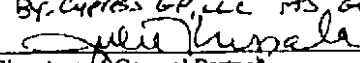
Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

**6. Such change(s) is/are effective when filed by the Florida Department of State.**

*By: CAPS GP, LLC its General Partner*  
  
Signature of General Partner

*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.*

  
Signature of Registered Agent

Delanie Case, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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