

F20930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

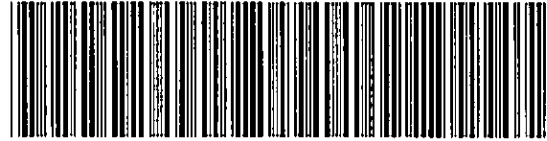
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
22 NOV 27 PM 1:57

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mahnke's Orthotics & Prosthetics of Deerfield, Inc.
Name of Corporation

DOCUMENT NUMBER: F20930

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriel S. Saade
Name of Contact Person
The Saade Law Firm, P.A.
Firm/Company
255 Alhambra Circle, suite 320
Address
Coral Gables, FL 33134
City/State and Zip Code
info@saadelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel S. Saade at (786) 633-1114
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mahnke's Orthotics & Prosthetics of Deerfield, Inc.

2. The principal office address: 4990 SW 72 Avenue Unit 107, Miami, FL 33155

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/20/1981 Document number: F20930

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Moll & Young PLLC
31 NE 17th Street
Miami, FL 33132

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

The Saade Law Firm, P.A.
255 Alhambra Circle, Suite 320
Coral Gables, Florida 33134
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

GABRIEL S. SAADE, Authorized Representative
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

9/14/2022
Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)