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TO:	Registration Section Division of Corporations							
SUBJ	SUBJECT: BROWARD INSTITUTE OF ORTHOPAEDIC SPECIALTIES, LLC Name of Limited Liability Company							
Dogr 9	Sir or Madam;							
i)Cai (or Madam.							
The er	nclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.					
Please	return all correspondence concerning	g this matter to the	following:					
Miche	le Primeau Taylor, Esq.							
	Name of Person	· .	_					
Prime	au & Cottone, PLLC							
	Firm/Company		<u> </u>					
4400 S	heridan Street							
	Address							
Hollyv	vood, FL 33021							
	City/State and Zip Coo	de						
msp@	pclawfl.com							
F	-mail address: (to be used for future	annual report noti	fication)					
For fu	rther information concerning this ma	tter, please call:						
Miche	le Primeau Taylor, Esq.	at (⁹⁵⁴	, 779-3300					
	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 follow	ing amount:						
	■ \$25 Filing Fee	□ \$	555 Filing Fee & Certified Copy					

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.

ı.	Na	une of the limited liability company: BROWARD INS	TITUTE OF (ORTHOPAEDIC SPECIALTIES, LLC	
2.	(a)	4400 Sheridan Street	(b) 4400 Sheridan Street		
	` ′	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-/_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Hollywood, Ft. 33021	H	ollywood, FL 33021	
		January 2, 2002	L02	200000076	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Primeau Law. PA			
	,	Registered Agent and Registered Office shown on the records of	he Florida Dep	ot, of State:	
		12555 Orange Drive		دم	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Suite 100B	AUG T		
		Davie , FL	33330	FILED AH	
	(b)	Michele Primeau Taylor, Esq. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 4400 Sheridan Street <u>NEW</u> Registered Office Address:	Office addres	平 8: 58	
		Hollywood , FL	33021		
ch ag wa	ange ent v ss/v y e	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered o bility compa f the limited limited liabi	flice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
_	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
pr th to no	ovisi e obl mere tified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change. The of Registered Agent	performance I for in Chap	e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed	