

103000022500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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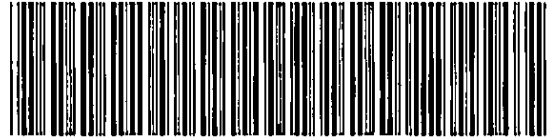
(Business Entity Name)

(Document Number)

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ATLANTA, GEORGIA

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JUN 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NU INSTITUTE FOR AGE MANAGEMENT AND INTERVENTION, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL LEYTON

Name of Person

Kravitz Talamo & Leyton, PLLC

Firm/Company

7600 W. 20th AVENUE, SUITE 213

Address

HIALEAH, FL 33016

City/State and Zip Code

LEYTON@KTL-LAW.COM

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

For further information concerning this matter, please call:

DANIEL LEYTON

305

558-5300

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 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.

NU INSTITUTE FOR AGE MANAGEMENT

1. Name of the limited liability company: **AND INTERVENTION, LLC**

115 N.E. 32nd STREET

115 N.E. 32nd STREET

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

SUITE 102-A

MIAMI, FL 33137

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

SUITE 102-A

MIAMI, FL 33137

06/19/2003

L03000022500

3. Date of filing/registration in Florida

4. Document number

CF REGISTERED AGENT, INC.

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

100 S. ASHLEY DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 400

TAMPA, FL **33602**

DANIEL LEYTON

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7600 W. 20th AVENUE

NEW Registered Office Address:
SUITE 213

HIALEAH, FL **33016**

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.

JULIO F. GALLO, M.D.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Daniel Leyton

Signature of Registered Agent

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CLERK OF STATE
TALLAHASSEE, FLORIDA