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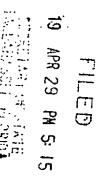
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: OSVAICO A. TORNES, M.D. 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:		
Osvaldo Tonnes ngn Name of Person			
Firm/Company			
7421 N University Drive 206 Address			
TAMANAC FL 33321 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
DSyludo Tornes at (954) 850 5008 Name of Person Area Codo & Davring Tolophone Number			
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee. Florida 32301	rananasce, riorda 92514		
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.

I. Na	lame of the limited liability company: DSVA Ldo A. Torres	m.D. LLC
	· ·	·
2. (a)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7421 NUMVERSITY Drive 2000 7421	N. UNIVERSITY DRIVE 206
	TAMARIE FL 33321 TAME	1 N. University Drive 206 ARAC FL 33321
	11/20/2003	03000049184
3.	0.001	Document number
5. (a)		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	्र । छ
	701 NW 123rd Drive	
		APR 29
	Conal Springs .FL 33071	29 29
41.5	_	₽ 😈
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	केंद्र फ
	Mark of Mark Market Wagen and Mark Registered Office address.	9 5
	NEW Registered Office Address:	
	7421 N University Drive 206	
	TAMARAC .FI. 33321	
If the li	limited liability company is not organized under the laws of the State of Flor	rida, it is hereby confirmed that after
the chai	ange or changes are made, the Florida street address of the registered office	and the business office of the registered
agent w was/we	will be identical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited liability	hereby confirmed that the change(s) company or as otherwise provided in
the artic	ticles of organization or the operating agreement of the limited liability comp	pany.
	ature of a member or authorized representative of a member	Ido ATONRES MER Printed or typed name of signee
Signati	ature of a member or authorized representative of a member	Printed or typed name of signee
I hereb provision the obli to mere notified	why accept the appointment as registered agent and agree to act in this capa ions of all statutes relative to the proper and complete performance of my d ligations of my position as registered agent as provided for in Chapter 605, why reflect a change in the registered office address. I hereby confirm that the ad in writing of this change.	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
	urCof Registered Agent	
ाष्ट्राधापा	are or registered Wight	