L04000053335

(Requestor's Name)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
(OldfoldionElph Hojie #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Consist tratements filling Officer		
Special Instructions to Filing Officer:		
A. LUNT		
OCT 18 2010		
EXAMINER		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	2010 OCT
SUBJECT: M.J. BOODIS 1 Name of Limited	1.D. LC SSE on I Liability Company
Dear Sir or Madam:	LORUBA
The enclosed Registered Agent/Registered Office Off	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Gladys Fernandez Name of Person	
Urology Specialty Gro	UP,UC
2103 COral way, Ste	(000)
MIAMI FI 33135 City/State and Zip Code	
G-Fernandez Gusamo E-mail address: (to be used for future annual report dotification	d-COM
For further information concerning this matter, plea	ase call:
Gladys Fermodez at (6	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 amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08)

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STATEMENT OF CHANGE OF REGISTERED OFF BOTH FOR LIMITED LIABILITY COMPANY	ICE OR REGISTERED AGENT OR
Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the insersigned limited er to change its registered office or registered
1. Name of the limited liability company: M.J. B	ondhus,M.原息CO
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	2103 Coral Way, stell
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	ZIO3 COPAL WAY ISTE
3. Date of filing/registration in Florida	L0400053335 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Fernandez, alodys M
Registered Office Address:	130 MINORCA AVE MICIMI, FI 33134
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Fernandez, Gladys M
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2108 COPAI WAY
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)

Signature of Registered Agent