## 604000057264

| (Re                     | equestor's Name)   |                 |
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| (Cit                    | ty/State/Zip/Phone | <del>:</del> #) |
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| PICK-UP                 | ■ WAIT             | MAIL            |
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|                         | ısiness Entity Nam | 20)             |
| (Bu                     | Siliess Chuty Nair | ie,             |
| (D-                     |                    |                 |
| (Do                     | cument Number)     |                 |
|                         |                    |                 |
| Certified Copies        | _ Certificates     | of Status       |
|                         |                    |                 |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
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Office Use Only

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## COVER LETTER •

| то:     | Registration Section Division of Corporations  |                   |  |
|---------|--|-------------------|--|
| SUBJE   | SPINAL, LLC<br>CT:   |                   |  |
|         | Na   | ime of Limited Li | ability Company  |
| Dear Si | r or Madam:  |                   |  |
| The en  | closed Registered Agent/Registered Of  | ffice Change and  | fee(s) are submitted for filing.   |
| Please  | return all correspondence concerning t   | his matter to the | following:   |
| Michae  | l A. Slavin  |                   |  |
|         | Name of Person   |                   |  |
| McHab   | e & Slavin, P.A.   |                   |  |
|         | Firm/Company   | <u></u>           |  |
| 2855 P  | GA Boulevard   |                   |  |
|         | Address  |                   |  |
| Palm E  | Beach Gardens, FL 33410  |                   |  |
|         | City/State and Zip Code  |                   |  |
|         | n@mchalestavin.com   | <del></del>       | · · · · · · · · · · · · · · · · · · ·  |
|         | E-mail address: (to be used for future a   |                   | neation)   |
| For fu  | rther information concerning this matt   | er, please call:  |  |
| Micha   | el A. Slavin   | 561<br>at (       | 625-6575   |
|         | Name of Person   |                   | Area Code & Daytime Telephone Number   |
|         | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                   | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
|         | Enclosed is a check for the follow   | ing amount:       |  |
|         | ■ \$25 Filing Fee  | <b>-</b> :        | \$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.

| (0)                                 |   | (  | b)  |  |           |              |  |
|-------------------------------------|---|--|---|--|-----------|--------------|--|
| (a)                                 | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  |   | Mailing address of li<br>(Note: MAY BE   |           |              |  |
|                                     | 2855 PGA Boulevard  |  | 2855 PG#  | \ Boulevard  |           |              |  |
|                                     | Palm Beach Gardens, FL 33410  |  | Palm Bea  | ch Gardens, FL 33  | 410       |              |  |
|                                     | 08/03/2004  |  | L04000057   | 264  |           |              |  |
|                                     | Date of filing/registration in Florida  | 4.   |   | Document num   | ber       |              | <del>-</del>                                     |
|                                     | Taillon, Brian  |  |   |  |           |              |  |
| (a)                                 | Registered Agent and Registered Office shown on the records of  | the Flori                                    | da Dept. of Sta   | nte:   |           |              |  |
|                                     | Registered Office Address (MUST BE FLORIDA STREET   | ADDRE.                                       | <u>SS)</u>  | <br>   | IA.       | 2023         |  |
|                                     | 2855 PGA Boulevard  |  |   |  |           | ١            | <del>=                                    </del> |
|                                     | Palm Beach Gardens, F   | L_33410                                      |   |  | •         | 8 I NVF 5202 | 1 · ·  |
| (b)                                 | Michael A. Slavin   |  |   |  | 7         | PM 5: 42     |  |
|                                     | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>   | <u>d Office</u>                              | add <u>ress</u> :   | r  | HANNE THE | : 42         |  |
|                                     | NEW Registered Office Address:  | -  | -   | _  |           |              |  |
|                                     | 2855 PGA Boulevard  |  |   |  |           |              |  |
|                                     | Palm Beach Gardens . F  | L  |   |  |           |              |  |
| nanggent<br>gent<br>gas/w<br>ne art | limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited be the authorized by an affirmative vote of the members idea of organization or the operating agreement of the | e regist<br>iability<br>of the l<br>e limite | ered office a<br>company, it<br>imited liabil                   | is hereby confirming the output of a company or a company.  Sr.                              | ned the   | nat the      | change(s) provided in                            |
| -                                   | nure of a member or authorized representation of a member oby accept the appointment as registered agent and as lons of all statutes relative to the proper and complet ligations of my position as registered agent as provided in writing of this change.                             | gree to de perfor<br>led for it<br>hereby    | ict in this ca<br>mance of m<br>in Chapter 60<br>is confirm tha | Printed or typed in a pacity. I further v duties, and I and 15, F.S. Or, if the timited liab |           |              |  |