

LD5000065438

(Requestor's Name)

Kara Osadriuska
503 Mocking Ct
Lake Mary, FL 32746

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

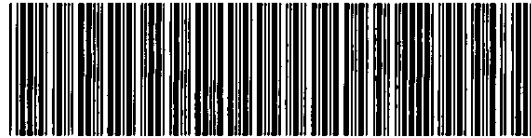
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10 MAY 14 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell

MAY 17 2010

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: Kasia Osadzinska, M.D., P.L.

2. (a) Principal office address of limited liability company:

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(Note: **MUST BE STREET ADDRESS**)

6808 Spicewood Ln
Tallahassee, FL 32312

(b) Mailing address of limited liability company:

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(Note: **MAY BE POST OFFICE BOX**)

503 Mockingbird
Lake Mary, FL 32746
413108
LOS000065438

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Leadbeater, John T

Registered Office Address:

737 South Calhoun Street
Tallahassee, FL 32301

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

NEW Registered Agent:

Kasia Osadzinska

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

503 Mockingbird
Lake Mary, FL 32746

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.

K. Osadzu
Signature of a member or authorized representative of a member

Kasia Osadzinska
Printed or typed name of signee

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 608, 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.

K. Osadzu
Signature of Registered Agent

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