## #106000/15003

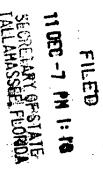
·
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	ntion Section of Corporations					
DIVISIO.	,					
			·			
SUBJECT:			ical Solutions, LLC			
	Name of	Limited	Liability Company			
Dear Sir or Mad	dam:					
The enclosed R	egistered Agent/Registered	Office C	Change and fee(s) are su	bmitted for filing.		
Please return al	l correspondence concerning	this ma	atter to the following:			
Darren Milling						
	Name of Person		<del></del>			
	Rachis Medical Solutions		·			
	Firm/Company					
	3708 W. Swann Ave #104					
Address						
Tampa, FL. 33606						
	City/State and Zip Code					
dg_milling@msn.com  E-mail address: (to be used for future annual report notification)						
E-man address	i: (to be used for future annual report i	пописано	11)			
For further info	rmation concerning this matt	ter, plea	se call:			
	Darren Milling	_ at (	813 ) 4	31-5776		
Ŋ	Name of Person		Area Code & Daytime	Telephone Number		
STREET	T/COURIER ADDRESS:		MAILING ADDRESS	S:		
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
Clifton Building		P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			2314		
rananass	ee, Fiorida 32301					
Enclosed is a check for the following amount:						
<b>1</b> \$25 F	iling Fee		\$55 Filing Fee & Co	ertified Copy		

## 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.

Name of the limited liability company:	Rachis Medical Solutions, LLC
2. (a) Principal office address of limited liability co	mpany: 3708 West Swann Ave #104
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:	3708 West Swann Ave #104
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	L06000115003
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State:
Registered Agent:	N/A TO TO
Registered Office Address:	
(b) Enter name of <b>NEW Registered Agent</b> and/o	or NEW Registered Office address:
<u><b>NEW</b></u> Registered Agent:	1) Anner Mining
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3708 W. Swann Aut SUITE 104 TAMPA .FL 33606
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the characteristic of the members of the limited liability company or as or the operating agreement of the limited liability confirmed that the characteristic of a member or authorized representative at a member	er the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization npany.
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and Lam familiar with and accept the obligations of including the confirm that the limited liability confirm that the liability confirm th	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. B	ox 6327, Tallahassee, FL 32314

FILING FEE: \$25.00