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**S Warren** MAR 03 2017

## ' COVER LETTER

TO: Registration Section Division of Corporations	4 ,
·	. 8
SUBJECT: pain management of palm b	each llc
Nam	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
J.	
ricardo sabates	
Name of Person	
pain management of palm beach	
Firm/Company	
2206 w. atlantic avenue suite 200	
Address	<del></del>
delray beach florida 33445	
City/State and Zip Code	**************************************
rjsabates@aol.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
ricardo sabates	561 5161738
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

. Na	nme of the limited liability company: pain manage		O1	pain beach iic
. (a)	2206 west atlantic ave suite 200		(b)	2206 var. atlantic ava cuita 200
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	delray beach florida 33445			·
	deliay beach librida 55445	_		delray beach florida 33445
ને <i>(૯ વ</i> /	01/25/2007	_		
	10/29/2014		l	L0700009622
	Date of filing/registration in Florida	_ 4.	_	Document number
$\frac{2}{a}$	claudia sabates			
. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida	a Dept. of State:
	4896 pineview circle			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	<u>sy</u>
	delray beach florida 33445			
			•	انح دت مد مد
	, FI	<i>-</i>		the state of the s
(b)	ricardo sabates			Idress:
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	
	4869 pineview circle			A B OU
	NEW Registered Office Address:		•	
	delray beach florida 33445			A F
				<u> </u>
	. FI			
he cha gent v vas/we he arti	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members dicles of creampation or the operating agreement of the time of the authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I	f the readility of the l	gist cor imi d li car	istered office and the business office of the region pany, it is hereby confirmed that the changed nited liability company or as otherwise provided liability company.  ardo sabates  Printed or typed name of signee