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Office Use Only



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2012 JAN | | BM |: 43 SECRETARY OF STATE TALL AHASSEE, FLORIDA

C. LEWIS

JAN 1 2 2012

EXAMINER

🐣 COVER LETTER

TO: Registration Section Division of Corporations	3
SUBJECT:	Rodney L Smith, II, CRNA Name of Limited Liability Company
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Rodney L S	
Name of Fer	SOII
Rodney L Smith, II	
2040 CM 20	·
2910/SW 30	
Cape Coral, Flo	
Chy/State and Zi	p Code
E-mail address: (to be used for future	hotmail. com e annual report notification)
For further information concerni	ing this matter, please call:
Rodney L Smith II	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADI	DRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circ Tallahassee, Florida 32301	cle Tallahassee, Florida 32314
Enclosed is a check for	the following amount:
\$25 Filing Fee	\$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 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.

ney L Smith, II, CRNA, PLLC
2910 SW 30th Steet
Cape Coral, Florida 33914
2910 SW 30th Street
Cape Coral, Florida 339145
L07000061260
4. Document number
the records of the Florida Dept of State:
Incorp Services, Inc.
17888 67th Court North SE :: Loxahatchee, Florida 33470 5
Steven E Colburn 2910 SW 30th Street
Steven E Colburn
Cape Coral ,FL33914
aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization. gree 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

Signature of Registered Agent