

LO7000095723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

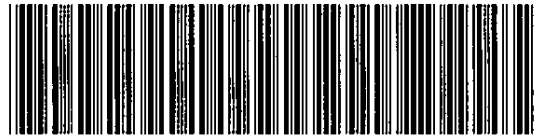
Special Instructions to Filing Officer:

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JAN 22 2010

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2010 JAN 21 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Digestive Disease Institute, LLC
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:

Howard Sonderling MD
Name of Person

Digestive Disease Institute, LLC
Firm/Company

2300 glades Road Suite 201E
Address

Boca Raton FL 33431
City/State and Zip Code

Sursoner1@Digestivecareonline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Ursone at (561) 208-2121
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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: Digestive Disease Institute, LLC

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



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

2300 Glades Rd 201E
Boca Raton FL 33431

(b) Mailing address of limited liability company:



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

Same as principal office

3. Date of filing/registration in Florida

4. Document number

L070000095723

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

Registered Agent:

Howard Sonderling MD

Registered Office Address:

2300 Glades Rd 201E
Boca Raton FL 33431

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

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2300 Glades Rd 201E
Boca Raton FL 33431

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.

Signature of a member or authorized representative of a member

Howard Sonderling MD

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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00