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(Requestor's Name)

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(City/State/Zip/Phone #)

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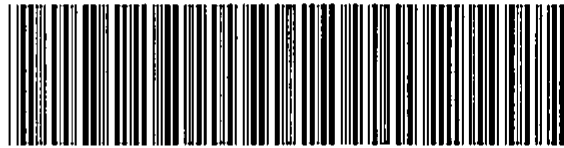
(Business Entity Name)

(Document Number)

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S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2019

RICK REZNICSEK, ESQUIRE
REZLEGAL, LLC
816 A1A NORTH STE 204
PONTE VEDRA BEACH, FL 32082

SUBJECT: NEUROPROTECTIVE SERVICES OF FLORIDA, LLC
Ref. Number: L07000112083

We have received your document for NEUROPROTECTIVE SERVICES OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 519A00022013



Lillian Felici
lilly@rezlegal.com
Direct Line: 904-297-0982
Fax: 904-567-1066

November 4, 2019

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: Shelia H. Young, Regulatory Specialist II

Re: Neuroprotective Services of Florida, LLC
Reference Number: L07000112083

Dear Ms. Young:

Pursuant to your letter dated October 25, 2019 (a copy is enclosed for your convenience), I enclose a fully executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with a copy of the check for filing fees that was sent via Federal Express on October 3, 2019 and received on October 4, 2019 in connection with the above-referenced matter.

Please feel free to contact me if you require further information.

Thank you in advance for your attention to this matter.

Sincerely,

Lillian Felici
Paralegal

/lef
Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neuroprotective Services of Florida, 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:

Rick Reznicek, Esquire

Name of Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

jjaubert@synapticiom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Reznicek at (904) 567-1061

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

**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.

1. Name of the limited liability company: Neuroprotective Services of Florida, LLC
2. (a) 6817 Southpoint Parkway (b) 6817 Southpoint Parkway
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Suite #701 Suite #701
Jacksonville, FL 32216 Jacksonville, FL 32216
- 11/05/2007 L07000112083
3. Smith, Gregory E 4. Document number
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3948 3rd Street South, Box 337
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Jacksonville Beach, FL 32250
- (b) RezLegal, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
816 A1A North, Suite 204
NEW Registered Office Address:
Ponte Vedra Beach, FL 32082

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]
Signature of a member or authorized representative of a member

W. J. J. Conrad
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 605, 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]
Signature of Registered Agent

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TALLAHASSEE, FLORIDA