

207 000 126149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

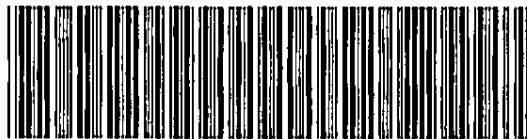
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300388296903

06/08/22-- 01000--015 \$25.00

FILED

2022 JUN -3 AM 9:10

SEAL OF THE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BADIA HAND TO SHOULDER, 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:

Kubs Lalchandani

Name of Person

Lalchandani Simon PL

Firm/Company

25 SE 2nd Ave, Suite 1020

Address

Miami, Florida 33131

City/State and Zip Code

kubs@lslawpl.com

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

For further information concerning this matter, please call:

Bibiana Pesant

305

857-5176

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: BADIA HAND TO SHOULDER, LLC
2. (a) ALEJANDRO BADIA, M.D.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3650 NW 82ND AVE.
DORAL, FL 33166
12/20/2007
- (b) ALEJANDRO BADIA, M.D.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3650 NW 82ND AVE.
DORAL, FL 33166
1.07000126149
3. CHAIRE & HAMMOND, P.L.
Date of filing/registration in Florida
4. 1.07000126149
Document number
5. (a) CHAIRE & HAMMOND, P.L.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CHAIRE & HAMMOND, P.L.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
283 CRANES ROOST BLVD.
ALTAMONTE SPRINGS, FL 32701
- (b) Lalchandani Simon Pl.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Lalchandani Simon Pl.
NEW Registered Office Address:
25 SE 2nd Ave, Suite 1020
MIAMI, FL 33131

FILED
2022 JUN -3 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Alejandro Badia
Signature of a member or authorized representative of a member

Alejandro Badia
Printed or typed name of signer

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