

LO8000045063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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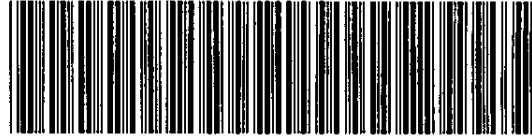
(Business Entity Name)

(Document Number)

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MAY 05 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premier Pain Specialists LLC
Name of Corporation

DOCUMENT NUMBER: L08000045063

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULES PREUDHOMME
Name of Contact Person

Premier Pain Specialists LLC
Firm/Company

1228 SE 8th Terrace
Address

Cape Coral FL 33990
City/State and Zip Code

grenquava2comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULES Preudhomme at (239) 945-1105
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Premier Pain Specialists LLC
2. The principal office address: 1228 SE 8th Terrace
Cape Coral FL 33940
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 28th 2008 Document number: L08000045063
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lisa Braden, P.A.
4623 Forest Hill Blvd Suite 111
West Palm Beach, FL 33415 (Resigned)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Donna M. Flammang
Brenna, Manna & Diamond, PL
P.O. Box NOT acceptable
27200 Riverview Center Blvd Suite 300
Bonita Springs FL 34134

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

JULES PREUDHOMME /Manager
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

APRIL 21, 2015
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***