L09 000071866

Florida Department of State
Division of Corporations
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From:
Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
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REGISTERED AGENT CHANGE

MARK O. BECKER, MD, LLC

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M. THOMAS
SEP 29 2009
EXAMINER

L09-71866

September 28, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MARK O. BECKER, MD, LLC
2653 W PLATT ST
TAMPA, FL 33609

SUBJECT: MARK O. BECKER, MD, LLC
REF: L09000071866

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We are enclosing the proper form(s) with instructions for your convenience.

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Marsha Thomas
Regulatory Specialist II

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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: MARK O. BECKER, MD, LLC

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

☐ *(Note: MUST BE STREET ADDRESS)*

2653 W. PLATT STREET
TAMPA, FL 33609

(b) Mailing address of limited liability company:

☐ *(Note: MAY BE POST OFFICE BOX)*

2653 W. PLATT STREET
TAMPA, FL 33609

JULY 22, 2009
3. Date of filing/registration in Florida

L09000071866
4. Document number

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

Registered Agent: JARRED VENTURES, LLC

Registered Office Address: 2653 W. PLATT STREET
TAMPA, FL 33609

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

NEW Registered Agent: PETER A. RIVELLINI

NEW Registered Office Address: 911 CHESTNUT STREET
(MUST BE FLORIDA STREET ADDRESS) CLEARWATER, FL 33756

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TALLAHASSEE, FLORIDA

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

Scott Jarred
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