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(Requestor's Name)						
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COVER LETTER

_	istration Section ision of Corporations			
SUBJECT:	6000 NORTH FEDERAL HI	GHWAY, L	LC	
SUBJECT.		e of Limited	Liability Company	
Dear Sir or	Madam:			
The enclose	d Registered Agent/Registered Offi	ice Change a	nd fee(s) are submitted for filing.	
Please retur	n all correspondence concerning th	is matter to t	he following:	
Benjamin	E. Olive, Esq.			
	Name of Person			
Hacklema	an, Olive & Judd, P.A.			
	Firm/Company			2018
2426 Eas	t Las Olas Blvd.			MIN OCT 17 PM 3: 84
	Address			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Fort Laud	erdale, Florida 33301			22. 44.
	City/State and Zip Code			S. S.
lisa_voss	@floridaspinespecialists.com			
E-mai	address: (to be used for future ann	ual report no	otification)	
For further i	information concerning this matter.	please call:		
Benjamin	E. Olive, Esq	954 at (、334-2250	
··	Name of Person	ai (Area Code & Daytime Teleph	none Number
Reg Div Clif 266	Registration SectionRegDivision of CorporationsDiviClifton BuildingP.O.		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enc	closed is a check for the following	amount:		
2 4 S	S25 Filing Fee		\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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 No	me of the limited liability company: 6000 North F	ederal l	Highway,	LLC
	• • •	(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	'	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6000 N FEDERAL HWY		6000 N	FEDERAL HWY
	FT LAUDERDALE, FL 33308		FT LAU	DERDALE, FL 33308
	11/23/2009		L090001	12529
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Ernie Hartman			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	··· 🔀
	6000 N FEDERAL HWY			
	FT LAUDERDALE, FL . FI	33308		
(b)	Benjamin E. Olive, Esq.			2 7
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>
	Hackleman, Olive & Judd, P.A.			
	NEW Registered Office Address:	•		-
	2426 East Las Olas Blvd.			-
	Fort Lauderdale	33301		
the cha agent w was/wo	mited liability company is not organized under the la nge or changes are made, the Plorida street address o will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the operating agreement of the	ws of the f the regis iability co of the lim	stered offic ompany, it i lited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	1 1	Ber	njamin E.	Olive, Esq.
I herei provisi the obl to mere	ure of a member of authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	e verform	ance of my	duties, and I am familiar with and accept
Signatu	Division of Corporations • P.O.	Rox 632	7• Tallaha	ssee, FL 32314

FILING FEE: \$25.00