L18000061664

(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

400313622014

05/21/18 -01667--025 **43.75

J LEGGETT
MAY 23 2018

18 MAY 22 AM 9:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Institute of Pain Medicine, 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:

Jerry R. Foltz
Name of Person

Florida Institute of Pain Medicine
Firm/Company

418 Royal Tern Rd S
Address

Ponte Vedra Beach, FL 32082
City/State and Zip Code

jrfoltz2@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry R. Foltz at (904) 501-8593
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: Florida Institute of Pain Medicine LLC

2. (a) 418 Royal Tern Rd S
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Ponte Vedra Beach FL
32082

(b) 418 Royal Tern Rd S
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Ponte Vedra Beach FL
32082

3. 01/06/2010
Date of filing/registration in Florida

4. L10000001664
Document number

5. (a) Foltz Jerry R. Dr
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
225 Water Street
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Suite 1800
Jacksonville, FL 32202

(b) Foltz, Jerry R. Dr.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
418 Royal Tern Rd S
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 of a member or authorized representative of a member

Jerry R. Foltz
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 of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)