

09/24/2012 13:48 SHUMAKER LOOP & KENDRICK

FAX 813 229 1660

20010602

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000233865 3)))



H120002338653ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: flgler@slk-law.com

**LLC REGISTERED AGENT CHANGE
SEA SPINE ORTHOPEDICS INSTITUTE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

RECEIVED
12 SEP 24 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2012 SEP 24 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

SEP 25 2012

H12000233865 3

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: Sea Spine Orthopedics Institute, LLC2. (a) Principal office address of limited liability company: 2500 E. Hallandale Beach Blvd.**(Note: MUST BE STREET ADDRESS)**Suite 301
Hallandale Beach, Florida 33009(b) Mailing address of limited liability company: 2500 E. Hallandale Beach Blvd.**(Note: MAY BE POST OFFICE BOX)**Suite 301
Hallandale Beach, Florida 3300901/21/2010L10000007478

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Joshua Appel

Registered Office Address:

6855 NW 108 Ave.
Parkland, Florida 33076(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:**NEW Registered Agent:**Joshua Appel**NEW Registered Office Address:****(MUST BE FLORIDA STREET ADDRESS)**2500 E. Hallandale Beach Blvd.
Suite 301
Hallandale Beach, FL 33009

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.

X 
Signature of a member or authorized representative of a member

Joshua Appel

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 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.

X 
Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (05/08)

H12000233865 3

2012 SEP 24 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED