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(Re	questor's Name)	
DA)	dress)	
bÀ)	dress)	
(Cit	y/State/Zip/Phone	;#)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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TO: Registration Section Division of Corporations

South Florida Ear Nose and Throat LLC SUBJECT:

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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:

Michael A Jaindl

Name of Person

South Florida Ear Nose and Throat LLC

Firm/Company

3667th Ave NW

Address

Naples, FL

City/State and Zip Code

majent@msn.com

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

For further information concerning this matter, please call:

Michael A Jaindl 239 6747345 at ( Name of Person Area Code & Daytime Telephone Number **STREET/COURIER ADDRESS:** MAILING ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

## Enclosed is a check for the following amount:

☑ \$25 Filing Fee

S55 Filing Fee & Certified Copy



INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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. N	ame of the limited liability company:	rida Ear	No	se and T	Throat LLC		
2. (a)	1530 Lee Blvd ste 350		(b)	1530 L	ee Blvd ste 350		
- (-)	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	<i>r</i> :	(0)		Mailing address of limite (Note: MAY BE POS	• •	-
	Lehigh Acres			Lehigh	Acres		
	Florida 33936			Florida	33936		
	4/26/2011		t	.110000	49214		
3.	Date of filing/registration in Florida	4.	-		Document number		
5. (a)	Legal Zoom.com Inc						
J. (a)	Registered Agent and Registered Office shown on the record	ds of the Flo	orida	Dept. of Sta	ite:		
	United States Corporation Agents, Inc						
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDR	ESS)				
	13302 Winding Oak Court ste A						
	Tampa	. FL 336	12		<b></b>		
		_, FL			_	2018 171	-
(b)						SEL	1
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office	e add	ress:	—	<b>3</b>	Concernant of the second
	Michael A Jaindl					State Pr	[1]
	NEW Registered Office Address:					୍ର 🏹	
	3660 7th ave NW				_		
	Naples	, <sub>FL</sub> 3412	20				
the cha agent was/we the art Signa I here provise the obt to mer notifie	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member iclos of organization or the operating agreement of the of a nember or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and comp lightions of my position as registered agent as pro- ety reflect a change in the registered office address dir writing of this change. The of Registered Agent Division of Corporations P.	ss of the re ed liability ers of the f the limite d agree to olele perfo vided for r ss, I hereb	egist y cor limi ed li Mich act in C y co	ered offic npany, it ted liabili ability con ael A Ja ael A Ja fin this cap nce of my hapter 60 nfirm that	te and the business of is hereby confirmed ty company or as oth mpany. aindl Printed or typed name bacity. I further agree duties, and I am fam 5, F.S. Or, if this do the limited liability	ffice of the reg that the change terwise provide of signee	istered c(s) ed in
		G FEE: S			133559 E E J4J14		