

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: Jade Holdings Group

2. (a) Principal office address of limited liability company: 4300 N University Drive

(Note: **MUST BE STREET ADDRESS**)

Suite E200
Fort Lauderdale, FL 33351

(b) Mailing address of limited liability company: 4300 N University Drive

(Note: **MAY BE POST OFFICE BOX**)

Suite E200
Fort Lauderdale, FL 33351

9/26/2005

L05000094270

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: Corporate Creations Network, Inc

Registered Office Address: 11380 Prosperity Farms Road
#221 E
Palm Beach Gardens, FL 33410

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

NEW Registered Agent: Adam J. Katz, Esq

NEW Registered Office Address: 5571 University Drive
(MUST BE FLORIDA STREET ADDRESS) Suite 204
Coral Springs, FL 33067

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

Jeffrey Davis

Printed or typed name of member

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

INH518 (05/08)

FILE
2012 MAY 14 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L11000103591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

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FILED
2012 MAY 14 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
MAY 16 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Interventional Spine Physicians 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:

Korthi Flynn
Name of Person

Tampa Interventional Spine Physicians
Firm/Company
1000 W Kennedy Blvd. Suite 201
~~1802 W Hills Ave.~~ et
Address

Tampa, FL 33606
City/State and Zip Code

KORTNI FLYNN@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Korthi Flynn at (989) 714-1839
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 14 AM 9:22

FILED

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: Tampa Interventional Spine Physicians LLC

2. (a) Principal office address of limited liability company: 701 S Howard Ave

(Note: **MUST BE STREET ADDRESS**)

Suite 106-312
Tampa, FL 33606

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

701 S. Howard Ave.
Suite 106-312
Tampa, FL 33606

9/12/11
3. Date of filing/registration in Florida

L11000103591
4. Document number

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

Registered Agent:

Flynn, Kortni

Registered Office Address:

701 S Howard Ave
Suite 106-312
Tampa, FL 33606

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

NEW Registered Agent: -SAME-

Flynn, Kortni

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

1000 W Kennedy Blvd.
Suite 201
Tampa FL 33606

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.

Kortni Flynn
Signature of a member or authorized representative of a member

Kortni Flynn
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.

Kortni Flynn
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
SEP 14 AM 9:22
TALLAHASSEE, FLORIDA