

L11000128027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

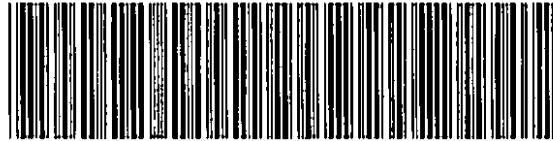
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17 AUG 11 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
AUG 14 2017

**STATEMENT OF CHANGE OF ADDRESS BY REGISTERED AGENT
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of §605.0116, Florida Statutes, the undersigned registered agent hereby delivers to the department for filing a statement of change that provides:

- a) The name of the limited liability company or foreign limited liability company represented by the registered agent:

UROLOGY INSTITUTE OF CENTRAL FLORIDA, P.L.

[Entity Number: L11000128027]

- b) The name of the agent as currently shown in the records of the department for the company or foreign limited liability company:

GLENN R PADGETT, P.A.

- c) If the name of the agent has changed, its new name:

NO CHANGE

- d) If the address of the agent has changed, the new address:

1452 N. US HWY 1, ORMOND BEACH, FL 32174

- e) That the registered agent has furnished written notice of the statement of change and the changes made by the statement filed with the department to the represented limited liability company or foreign limited liability company.

After the change is made the street address of the registered office and the business office of the registered agent will be identical.

This document is being filed to merely reflect a change in the address of the registered agent, I hereby confirm that the limited liability company has been notified in writing of this change.

Glenn R Padgett, P.A.

By: 
Glenn R Padgett, President

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

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TALLAHASSEE, FL
STATE OF FLORIDA
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