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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

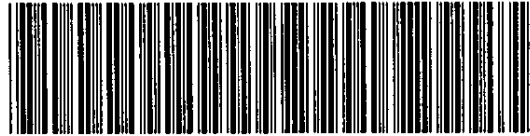
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEUROSURGICAL SPECIALISTS, 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:

TERRI PETRUSKA

Name of Person

NEUROSURGICAL SPECIALISTS

Firm/Company

4521 PGA BLVD, #105

Address

PALMBEACH GROVES, FL, 33418

City/State and Zip Code

petruska6059@gmail.com

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

For further information concerning this matter, please call:

TERRI PETRUSKA

Name of Person

at (561) 307-1006

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 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.

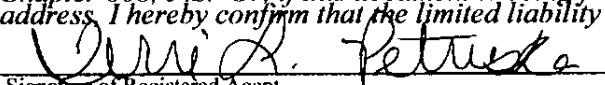
1. Name of the limited liability company: NEUROSURGICAL SPECIALISTS, LLC
2. (a) Principal office address of limited liability company: 622 HERMITAGE CIRCLE
(Note: **MUST BE STREET ADDRESS**) PALM BEACH GARDENS, FL 33410
- (b) Mailing address of limited liability company: 622 HERMITAGE CIRCLE
(Note: **MAY BE POST OFFICE BOX**) PALM BEACH GARDENS, FL 33410
3. Date of filing/registration in Florida: 12/09/2011
4. Document number: L11000138 691
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: TERRI PETRUSKA
Registered Office Address: 622 HERMITAGE CIRCLE
PALM BEACH GARDENS, FL 33410
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: _____
NEW Registered Office Address: 840 U.S. HWY 1, SUITE 210
(**MUST BE FLORIDA STREET ADDRESS**) NORTH
PALM BEACH, FL 33408

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

DAVID PETRUSKA
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 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

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FLORIDA