L13000022869

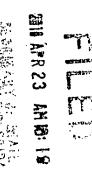
(Requestor's Name)				
(Ac	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
·	•	•		
(Do	cument Number)			
•	,			
Certified Copies	Certificates	of Status		
		- Or Olatos		
Special Instructions to Filing Officer:				
:				
<u></u>				

Office Use Only



500311316135

04/23/18--01033--023 **25.00



ARR 24 2NIT ARRIS

COVER LETTER

•	stration Section sion of Corporations	i				
SUBJECT:	Florida	Spine	and ne of Limi	Joins ted Liability	Institute Company	HC
Dear Sir or M	մadam։					
The enclosed	Registered Agent/I	Registered Of	fice Chang	e and fee(s)	are submitted for	filing.
Please return	all correspondence	concerning th	nis matter t	o the follow	ving:	
	Name of					
Floria	da Spine Firm/Co	<u>and Top</u> Impany	int Uni	titule, l	UC	
6001	Broken Jo Addre	und Pk	y NW,	<u>#b3</u> o		
	a Raton City/State a	FC 33 nd Zip Code	487			
althe E-mail	arasfpaine address: (10 be used	and reh	ab. c€ nual report	notification	n)	
For further is	nformation concerni	ng this matter	, please ca	11:		
Alk	Name of Person	Joseph	at (<u> 1015</u> Are	674 9608 a Code & Daytime	Telephone Number
Regi Divi Clift 2661	SEET/COURIER A stration Section sion of Corporation on Building Executive Center Cahassee, Florida 323	s Circle		Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314	
Enclosed is a check for the following amount:						
₫ \$	25 Filing Fee			□ \$55 Fili	ing Fee & Certified	1 Сору

INHS18 (2/14)

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

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: Florida Spin	ie and Joint Institute UC
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1725 N University Drive # 325	6001 Broken Bound Pikuy NW, # 63
	Coral Springs FL 33071	Boca Raton FL 33487
	02/12/2013	L13000022869
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Floric	***************************************
	Registered Agent and Registered Office shown on the records of the Floric	da Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	SS)
	1103 Barks Rd	
		F. B
	Margate ,FL 33	3003
(b)	Wendy Lee White	N Prim
	Enter name of NEW Registered Agent and/or NEW Registered Office ac	
	1225 1/10	
	1725 N University Drive # 45 NEW Registered Office Address:	D CONSTITUTE OF THE PROPERTY O
	regiment since received.	in the second se
		
	Coral Springs, FL 33	80511
If the li	imited liability company is not organized under the laws of the inge or changes are made, the Florida street address of the regi	e State of Florida, it is hereby confirmed that after gistered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability care authorized by an affirmative vote of the members of the line.	company, it is hereby confirmed that the change(s)
	cles of organization or the operating agreement of the limited	
	126	Danny Feder Printed or typed name of signee
Signat	ture of a member or authorized representative of a member	Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agree to acons of all statutes relative to the proper and complete perfornigations of my position as registered agent as provided for in ely reflect a change in the registered office address, I hereby of in writing of this change.	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

Signature of Registered Agent