

LB 000129 SLB

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

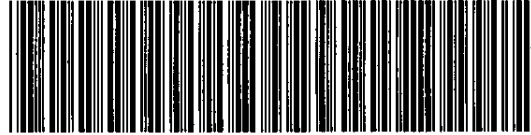
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400282231844

02/22/16--01018--015 \*\*25.00

FILED  
16 FEB 22 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 23 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEWIS ANESTHESIA SERVICES 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:

NICOLAS SIHA

Name of Person

LEGALINC CORPORATE SERVICES INC.

Firm/Company

17350 STATE HIGHWAY 249

Address

HOUSTON, TX 77064

City/State and Zip Code

SUPPORT@LEGALINC.COM

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

For further information concerning this matter, please call:

NICOLAS SIHA 713 478.1040

at ( )

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

FILED  
16 FEB 22 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

**LEWIS ANESTHESIA SERVICES LLC**

1. Name of the limited liability company: 7015 BRUSHEY POND ROAD 7015 BRUSHEY POND ROAD

2. (a) Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)  
GRAND RIDGE, FL 32442

(b) Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)  
GRAND RIDGE, FL 32442

09/13/2013

L13000129865

3. Date of filing/registration in Florida 4. Document number  
LEGALINC CORPORATE SERVICES INC.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
12TH FLOOR

JACKSONVILLE, FL 32207

LEGALINC CORPORATE SERVICES INC.

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

5237 SUMMERLIN COMMONS

NEW Registered Office Address:  
SUITE 400

FORT MYERS, FL 33907

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.

Nicholas Siha  
Signature of a member or authorized representative of a member

NICOLAS SIHA

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 605, 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.*

Nicholas Siha  
Signature of Registered Agent

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

FILED  
16 FEB 22 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA