1.14000030656

(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:		
t .		





500308584225

02/08/18--01024--029 **25.00

18 FEB - 3 AM 59 49

FEB 0 9 2018 Y SULKER

COVER LETTER

	YER BETTER			
TO: Registration Section Division of Corporations				
and Marchaeig				
SUBJECT: NBN Anesthesia Name of Limited Liability Company				
	, ,			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Nicole Newmyer				
Name of Person				
Firm/Company				
Tittle Company				
7251 Heather Sound Loc	\sim			
Address				
wesley Chapel FL 33545	5			
Wesley Chapel FL 33545 City/State and Zip Code				
Nbnewmyer 1423				
E-mail address: (to be used for future annual report notification)				
17-man address. (to be used for ruture annual report normeation)				
For further information concerning this matter, please	call:			
Nigota Name	Hon Sin Grad			
Nicole Newmyer at (at (at (at (407) 312 · 8779 Area Code & Daytime Telephone Number			
<i>,</i> ·	·			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
₩ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

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: NBN Anesthesia	
2. (a)	Principal office address of limited liability company: 33546 M	HPUTHER SOUND LOOP ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sky Chapel, Fl 33545
2		<u> </u>
3. (a)	United States Corporation Agents Inc.	A)cument number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 13302 Winding Days Court Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Svite A Tampa .FI. 33612 NICOLE Newweet Enter name of NEW Registered Agent and/or NEW Registered Office address: 7251 Heather Sound Loop NEW Registered Office Address: Wesley Chapel 32	18 FEB -\$ AM \$149
		11 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
the ch agent was/w	limited liability company is not organized under the laws of the State of Flor lange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited liability ticles of organization or the operating agreement of the limited liability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
$\frac{}{\sin^2}$	ature of a member or authorized representative of a member	Newmyer Printed or typed name of signee
I here provis the ob to mei	eby accept the appointment as registered agent and agree to act in this capa sions of all statutes relative to the proper and complete performance of my d oligations of my position as registered agent as provided for in Chapter 605, rely reflect a change in the registered office address, I hereby confirm that to ed in writing of this change.	oin. I further garee to comply with the

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

Signature of Registered Agent