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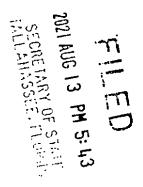
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
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Jonathan Alper, Esq.

Gideon Alper, Esq.

Jackie Royal, Paralegal

August 9, 2021

Division of Corporations Attn: Amendments/Changes PO Box 6327

Tallahassee, FL 32314

RE: Statement of Change - Registered Agent

Enclosed are cover letters and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability- Company for the following LLCs:

Lower Keys Marine Enterprises, LLC JTPS Enterprises, LLC Arbor Medical Group, PLLC Lake Hermosa Ventures, LLC No Tipping, LLC Padmanmd, PLLC

Also enclosed is our check for \$150 to cover the filing fees. Please let us know if additional information is required.

Sincer

Jackie Royal, Paralegal jroyal@alperlaw.com

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Lower Keys Marine Enterprises,	LLC			
	Name of Limited Liability Company				
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered	Office Change and fe	e(s) are submitted for filing.		
Please re	turn all correspondence concerning	g this matter to the fo	Howing:		
Gideon 1.	Alper Esq.				
-	Name of Person		_		
Alper Lav	w, PLLC				
	Firm/Company		_		
255 Prim	era Blvd., Suite 160				
	Address		-		
Lake Mar	ry, FL 32746				
	City/State and Zip Cod	le			
n∕a					
E-r	nail address: (to be used for future	annual report notifica	ation)		
For furth	er information concerning this mat	tter, please call:			
Jackie Re	oval	407 at (444-0404		
	Name of Person		Area Code & Daytime Telephone Number		
] 	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
J	Enclosed is a check for the follow	ing amount:			
í	■ \$25 Filing Fee □ \$55		5 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 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: Lower Keys Mar	ine Enterprises,	LLC
2. (a)		(b)	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	29565 Big Pine Street	San	
	Big Pine Key, FL 33043		
	2/26/14	L140	000032769
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (u)	Registered Agent and Registered Office shown on the records of Gideon I. Alper, Esq.	. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	2572 West SR 426, Suite 1024		
	Oviedo	, 32765	
	, F	L	
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	第 3 个
	Alper Trustees, LLC		IN AUG 13 PA SI 13
	NEW Registered Office Address:		()
	255 Primera Blvd., Suite 160		
	Lake Mary	L ³²⁷⁴⁶	
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Searge I Sterko	e registered of iability compar of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in writing of this change.	ree to act in the performance of for in Chapt hereby confiri	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
	Sideon Alper		
Signat	ure of Registered Agent		