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## DESCRIPTION OF STREET STREET ON STREET STREE

## LLC REGISTERED AGENT CHANGE ANCHOR SPINE AND JOINT LLC

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## 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.

I. Na	ame of the limited liability company: ANCHOR SPINE	AND JO	DINT LLC	
2. (a)	5100 W. Kennedy Blvd	a	5100 W	Kennedy Blvd
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#280	_	#280	
	Tampa, FL 33609	_	Tampa, l	FL 33609
	04/24/2014		L1400006	6517
3. 5. (a)	Date of filing/registration in Florida RODRIGO, RODNEY	4.		Document number
(u)	Registered Agent and Registered Office shown on the records of the 5100 W. Kennedy Blvd	he Florid	a Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	ស	
	TAMPA , FL	33609		_
(b)	Corporate Creations Network Inc.			2
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	025
	801 US Highway I			APPRO AN FIL 2025 JAN 17
	NEW Registered Office Address:			A BOY
	North Palm Beach , FL	33408		10: 58
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lin	ed office a impany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	strella Tavarez	Estr	ella Tavare	z, Attorney-in-Fact
Signal	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address, I ha I in writing of this change.	erform	ance of mi	duties, and I am familiar with and accept

Signature of Registered Agony

Signature of Registered Agony