

L14000140254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

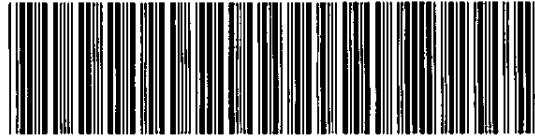
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600267691946

03/26/15--01021--001 **25.00

RECEIVED
DEPARTMENT OF STATE
15 MAR 26 PM 12:19

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 27 AM 9:51

MAR 30 2015
T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2015

CORPORATE ACCESS, INC.

SUBJECT: LESS INSTITUTE CLINICAL, PLLC
Ref. Number: L14000140254

RECEIVED
DEPARTMENT OF STATE
Division of Corporations
15 MAR 27 PM 3:57
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Corrected

We have received your document for LESS INSTITUTE CLINICAL, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 315A00006158

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3-26-15

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING PLLC-RA Change

1. Less Institute Clinical, PLLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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. Name of the limited liability company: LESS Institute Clinical, PLLC

2. (a) 1100 W. Oakland Park Blvd #3
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Fort Lauderdale, FL 33311

(b)
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 09/08/2014 Date of filing/registration in Florida
4. L14000140254 Document number

5. (a) Eric M Sauerberg
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
200 Village Square Crossing Suite 102
Palm Beach Gardens, FL 33410

(b) Corporate Access Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporate Access Inc
NEW Registered Office Address:
236 E 6th Ave
Tallahassee, FL 32303-6208

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 27 AM 9:51

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.

Kingsley R. Chin, M.D.
Signature of a member or authorized representative of a member
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.

Das Birk
Signature of Registered Agent