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	COVER LE	COVER LETTER		
TO: Registration Section Division of Corporations				
SUBJECT: 2112 NE 68TH ST, L		175. (7		
	Name of Limited Lial	bility Company		
Dear Sir or Madam:				
The enclosed Registered Agent/R	egistered Office Change and fe	ec(s) are submitted for filing.		
Please return all correspondence	concerning this matter to the fo	llowing:		
Daffodil Hamilton				
Name of	Person	_		
2112 NE 68TH ST, LLC				
Firm/Co	mpany	_		
1355 37th Street / suite 302				
Addre	ss	_		
Vero Beach Fl 32960				
City/State a	nd Zip Code	_		
d.hamilton@ortho-spinecare.com				
E-mail address: (to be used	for future annual report notifies	ation)		
For further information concern	ng this matter, please call:			
Daffodil Hamilton	561 at (902-7508		
Name of Person		Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for	the following amount:			
🚉 \$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy		
INHS18 (2/14)				

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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.

1. Na	ime of the limited liability	v dompany:	r, llc			
2. (a)	1355 37th Street		(b)			
2. (a)		ss of limited liability company: BESTREET ADDRESS)	(0)	Mailing address of limited liability cor (Note: MAY BE POST OFFICE B	npany:	
	Suite 302					
	Vero Beach Fl 32960					-
	10/11/2022		L1400	00183195		
3. 5. (a)	Date of filing/re	g stration in Florida	4.	Document number		
5. (a)	Registered Agent and Registe	red Office shown on the records of t	he Florida Dept.	of State:		
	Registered Office Address 1355 37 Street / Suite 302	MUST BE FLORIDA STREET	(DDRESS)		22 001 14	
	Vero Beach	, FL	32960		<u>-</u>	- 15. - 15. - 12.
(b)		red Agent and/or NEW Registered	Office address:		MH 5: 10	
	Michelle Atwater (new re	Ţ				
	1355 37th Street / Suite 30					
	Vero Beach	, FL	32960			
change agent v was/we	or changes are made, the will be identical. Or, in the ere authorized by an affir	Florida street address of the case of a Florida limited lia	registered offi bility compan f the limited li		stered nge(s)	
Signa	ture of a member or authorized	representative of a member		Printed or typed name of signee		
I heret provisi the obl to mere notified	by accept the appointment ons of all statures relative igations of my fosition a ely reflect a effance in the d'in writing if this chaob	as registered agent and agre to the proper and complete registered agent as provided registered office address, I h	ee to act in thi performance of I for in Chapte ereby confirm	s capacity. I further agree to comply of my duties, and I am familiar with a er 605, F.S. Or, if this document is be that the limited liability company ha	with th nd acce zing file s been	ie 2pt 2d
Signatu	re of Repistered Agent					
	Divis	ion of Corporations• P.O. F FILING F	Box 6327● Ta EE: \$25.00	llahassee, FL 32314		