

9/9/2020

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Division of Corporations
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: W. Scott Turnbull, Esquire
Account Name : CRARY, BUCHANAN, BOWDISH, ET AL
Account Number : 076424001425
Phone : (772)233-4602
Fax Number : (772)223-4378

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: SYONO@PREMIERNEUROLOGYCENTER.COM

LLC REGISTERED AGENT CHANGE
PREMIER NEUROLOGY AND WELLNESS CENTER, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER NEUROLOGY AND WELLNESS CENTER, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAM S. YONO

Name of Person

PREMIER NEUROLOGY AND WELLNESS CENTER, LLC

Firm/Company

1050 SE MONTEREY ROAD, SUITE 201

Address

STUART, FLORIDA 34994

City/State and Zip Code

SYONO@PREMIERNEUROLOGYCENTER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOU ANN RUTKOWSKI

772 233-4602
at ()

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: PREMIER NEUROLOGY AND WELLNESS CENTER, LLC
2. (a) 1050 SE MONTEREY ROAD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 201
STUART, FL 34994
- (b) 1050 SE MONTEREY ROAD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 201
STUART, FL 34994
3. 05/20/2015 Date of filing/registration in Florida
4. L15000089701 Document number
5. (a) CRARY BUCHANAN, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
759 SW FEDERAL HIGHWAY, SUITE 106
STUART, FL 34994
- (b) SAM S. YONO
Enter name of NEW Registered Agent and/or NEW Registered Office address
NEW Registered Office Address:
1050 SE MONTEREY ROAD, SUITE 201
STUART, FL 34994

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.

SAM S. YONO, Authorized MemberSignature of a member or authorized representative of a memberPrinted 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.

Signature of Registered Agent

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