

L16 00000 2572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

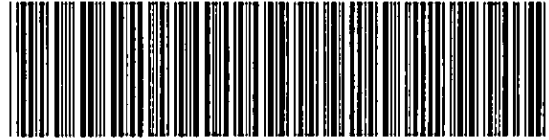
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500386998105

05/03/22--01023--022 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -3 PM 3:37

FILED

JQ

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Registered Agent Address Update
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:

Travis Greenhalgh

Name of Person

SurGenTec, LLC

Firm/Company

911 Clint Moore Rd.

Address

Boca Raton, FL 33481

City/State and Zip Code

ricki@surgentec.com

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

For further information concerning this matter, please call:

Ricki Goldman

Name of Person

at (561) 299-6882

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

**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: Surgentec, LLC.

2. (a) 911 Clint Moore Rd. (b) 911 Clint Moore Rd.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 01/05/2016 4. LI6000002572
Date of filing/registration in Florida Document number

5. (a) Greenhalgh, Travis
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7700 N.E. Spanish Trail Ct.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL 33487

(b) Greenhalgh, Travis
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
911 Clint Moore Rd
NEW Registered Office Address:

Boca Raton, FL 33487

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.

[Signature] Travis Greenhalgh
Signature of a member or authorized representative of a member Printed or typed name of signer

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]
Signature of Registered Agent

FILED
2022 MAY -3 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA