

L16000 205618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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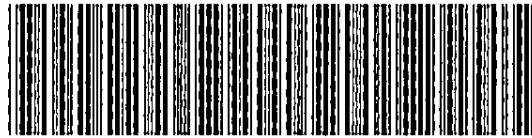
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 15 2020

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Dunedin Surgical Consultants, 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:

Adam Rosoff
Name of Person

Dunedin Surgical Consultants
Firm/Company

35246 US Hwy 19 N, Suite 171
Address

Palm Harbor, FL 34684
City/State and Zip Code

ajrosoff@totalvitalitymedical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Rosoff 727 424-8827
Name of Person at (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
mits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

Name of the limited liability company: Dunedin Surgical Consultants, LLC

(a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>3129 ALTERNATE 19</u> <u>DUNEDIN, FL 34698</u>	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>35246 US HWY 19 N #171</u> <u>PALM HARBOR, FL 34684</u>
<u>09/21/2018</u> Date of filing/registration in Florida	<u>116000205618</u> Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
AUD. JENNIFER FRIEND

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

35246 US HWY 19 N #171

PALM HARBOR, FL 34684

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

ADAM ROSOFF

NEW Registered Office Address:

35246 US HWY 19 N #171

PALM HARBOR, FL 34684

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.

ADAM ROSOFF

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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TALLAHASSEE, FL