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Division of Corporations

L17000108614

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, XISER, & SUTCLIFFE, P.A.
Account Number : I199900000006
Phone : (407)425-7010
Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: registeredagent@zksr.com

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2024 SEP 11 PM 3:02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
L & B PRACTICE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

SEP 12 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & B Practice Holdings, 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:

Edgar J. Hedrick III

Name of Person

Zimmerman, Kiser & Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, FL 32801

City/State and Zip Code

registeredagent@zksraservices.com

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

For further information concerning this matter, please call:

Jessica Snyder, Corporate Paralegal

407
at (_____) _____

425-7010

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

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: L & B Practice Holdings, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1350 Lexington Parkway
Apopka, FL 32712

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1350 Lexington Parkway
Apopka, FL 32712

3. 5/17/2017
Date of filing/registration in Florida

4. L17000108614
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Lloyd B. Bearden, DVM
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1350 Lexington Parkway
Apopka, FL 32712

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
ZKS Registered Agent Services, LLC
NEW Registered Office Address:
315 E. Robinson Street, Suite 600
Orlando, FL 32801

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.

Lloyd B. Bearden
Signature of a member or authorized representative of a member

Lloyd B. Bearden, DVM, Manager
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.

Edgar J. Hedrick III
Signature of Registered Agent

Edgar J. Hedrick III

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

FILING FEE: \$25.00

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2024 SEP 11 AM 1:47
TALLAHASSEE, FL 32314