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**Division of Corporations** 

Fax Number : (850)617-6383

## From:

Account Name: REGISTERED AGENTS INC.

Email Address:\_

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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LLC REGISTE	ERED AGEN	T CHANGE	

**RL SPINE, PLLC** 

Certificate of Status	0
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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	nme of the limited liability company: RL Spine,	, pllc	·	
2. (a)	7671 CITA LN,	(b	, 7671 C	ITA LN,
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·-	)	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 101	_	STE 10	1
	NEW PORT RICHEY, FL 34653	_	NEW PC	ORT RICHEY, FL 34653
	06/27/2017		L170001	139531
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.		
J. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	:
	5575 S. SEMORAN BLVD.			
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS		
	SUITE 36			
	ORLANDO 123	32822	<del></del>	
	PL_			·
(b)	Registered Agents Inc.			79:
• • •	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress:	Ü
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. PetersburgFL	33702	2	
the cha agent was/w the art	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liability.	the regi bility co f the lin limited l	stered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	sture of a member or authorized representative of a member		· y · · =2···	Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided yely reflect a change in the registered office address. I h	ee to ac perform f for in ( ereby c	t in this cape ance of my o Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent