

L17000 248370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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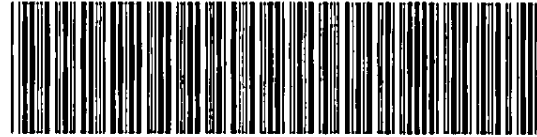
(Business Entity Name)

(Document Number)

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R. WHITE
SEP 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ortho Neuro Surgical 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:

Charles William Blackburn

Name of Person

Ortho Neuro Surgical LLC

Firm/Company

8147 Copernicus Way, Suite 103

Address

Trinity, FL 34655

City/State and Zip Code

Bill@Funding4Doctors.com

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

For further information concerning this matter, please call:

Charles William Blackburn

270

454-9453

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Ortho Neuro Surgical LLC

2. (a) 8147 Copernicus Way, Suite 103

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Trinity, FL 34655

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. 12/05/2017 Event Date 11/13/2018

Date of filing/registration in Florida

L17000248370

4. _____

Document number

5. (a) Dr. Christopher Koebbe

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8147 Copernicus Way Suite 103

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Trinity

FL 34655

(b) Charles William Blackburn

Enter name of NEW Registered Agent and/or NEW Registered Office address:

8147 Copernicus Way Suite 103

NEW Registered Office Address:

Trinity

FL 34655

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.

Dr. Christopher Koebbe
Signature of a member or authorized representative of a member

Dr. Christopher Koebbe

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.

Charles William Blackburn
Signature of Registered Agent

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