Florida Department of State Division of Corporations Electronic Filing Cover Street

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To:	Division of Corporations	<i>'</i> .\	. 2
	Fax Number : (850)617-6383	()	2022 AUG 5号符号
From:			J. J. G.
	Account Name : REGISTERED AGENTS INC.		~
	Account Number : I20090000081		湯田 の
	Phone : (307)200-2803		ري ال
	Fax Number : (855)330-1010		일위 🚁
			بن ب
	the email address for this business entity		

Email Address:

LLC REGISTERED AGENT CHANGE ENDURANCE LASERS LLC

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C. BRUMBLEY

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Electronic Filing Menu

Corporate Filing Menu

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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	Name of the limited liability company: Endur	rance Las	sers LLC
2. (a	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/08/19		L19000039902
3.	Date of filing/registration in Florida	4.	Document number
5. (:	, FOMICHEV, GEORGY		
. (·	Registered Agent and Registered Office shown on the rece	ords of the Florida D	Dept. of State:
	8285 Ibis Club Drive		
	Registered Office Address (MUST BE FLORIDA STI		
	812		
	Naples	_, FL_34104	FIL NOZZ AUG 26 SECRE PARY TALL AHA
(b	Registered Agents Inc.		ASSE 7
,-,	Enter name of NEW Registered Agent and/or NEW Reg	lress: ကြို့ မြှုံ	
	7901 4th St N		STATE
	NEW Registered Office Address:		,
	STE 300		
	St. Petersburg	_{FL} 33702	******
the cl agent was/v	limited liability company is not organized under thange or changes are made, the Florida street address? Will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the memuticles of organization or the operating agreement.	ess of the registe ited liability com thers of the limite	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	Rily Pak.		ey Park
	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the or to me notifi	sions of all statutes relative to the proper and con bligations of my position as registered agent as pr rely reflect a change in the registered office addr eff in writing of this change.	npleie performan rovided for in Ch ess, I hereby conj	
zec ,	Bill Havre - Ass	sistant Secreta	aı y

Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent

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