

L19 000054909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

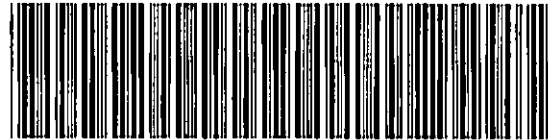
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900354445969

11/05/20--01017--008 **25.00

RECEIVED

DEC 12 2020

2020 DEC 12 1:13 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Neurospine Institute

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:

Christopher Koebbe

Name of Person

Premier Neurospine Institute LLC

Firm/Company

5800 49th St N, Suite S-201

Address

St Petersburg FL 33709

City/State and Zip Code

ckoebbe@premierneurosurgery.com

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

For further information concerning this matter, please call:

Christopher Koebbe

Name of Person

210

788-4092

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

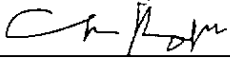
☐ \$55 Filing Fee & Certified Copy

**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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

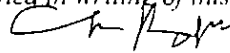
1. Name of the limited liability company: Premier Neurospine Institute LLC
2. (a) 5800 49th St N Suite S201, St Petersburg FL 33709
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 5800 49th St N Suite S201, St Petersburg FL 33709
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 8/7/2019 Date of filing/registration in Florida
4. L19000054909 Document number
5. (a) PLATINUM WEALTH VENTURE LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5318 W Crenshaw St
Tampa, FL 33634
- (b) Christopher Koebbe MD
Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Office Address:
5800 49th St N Suite S-201
St Petersburg, FL 33709

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.


Signature of a member or authorized representative of a member

Christopher Koebbe MD
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