

L19000 075 720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

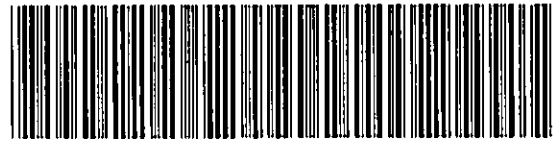
(Business Entity Name)

(Document Number)

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R. WHITE
JAN 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEU ORTHO CARE 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:

ALBERT GONZALEZ

Name of Person

AGG P.A.

Firm/Company

8522 SW 133RD AVE

Address

MIAMI, FL 3318

City/State and Zip Code

CONTACT@AGGPA.COM

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

For further information concerning this matter, please call:

ALBERT GONZALEZ

786

853-1069

Name of Person

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: NEU ORTHO CARE LLC
2. (a) 14629 SW 104 STREET
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 279
MIAMI, FL 33186
- (b) 14629 SW 104 STREET
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 279
MIAMI, FL 33186
3. 03/18/2019 Date of filing/registration in Florida
4. L19000075720 Document number
5. (a) ALBERT GONZALEZ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8333 NW 53RD STREET
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
SUITE 450
MIAMI, FL 33166
- (b) AGG P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
8522 SW 133RD AVE
NEW Registered Office Address:
MIAMI, FL 33183

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.

ALBERT GONZALEZ, CPA

[Signature]
Signature of a member or authorized representative of a member

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]
Signature of Registered Agent

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