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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations PALM BEACH GARDENS ORTHO LOCATION 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: Paul M. Lynch, Esq. Name of Person Moore & Van Allen, PLLC Firm/Company 78 Wentworth Street Address Charleston, SC 29401 City/State and Zip Code kristywatts@mvalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 579-7000 Paul M. Lynch, Esq. Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

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.

	ime of the limited liability company: 4362 Northlake Blvd, #114	75 Savannah Hwy., 107B	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>9</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Palm Beach Gardens, FL 33410	<u>Cr</u>	narleston, SC 29407
	July 9, 2019	L19	0000176825
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
	Registered Agent and Registered Office shown on the records	s of the Florida Dept	t. of State:
	1201 Hays Street		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	LAHASSEE
	Tallahassee	FL 32301	2 IN D
(b)	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	M 7: 07
	1200 South Pine Island Road		
	NEW Registered Office Address:		
	Plantation	FL_33324	
the cha agent v was/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the op	of the registered I liability compa rs of the limited the limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signature of a member or authorized representative of a member			Printed or typed name of signee
l herei provisi the obl to merc	by accept the appointment as registered agent and some of all statutes relative to the proper and compligations of my position as registered agent as provedly reflect a change in the registered office address lin writing of this change.	agree to act in the ete performance ided for in Chap. I hereby confiri	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been

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

Jin Song, Assistant Secretary