

L19 000180443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

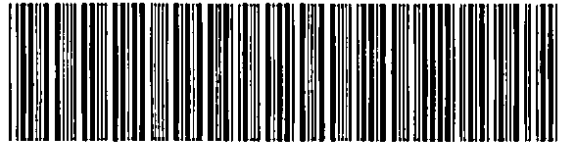
(Business Entity Name)

(Document Number)

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2020 JUN 29 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 15 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACUNA MEDICAL, 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:

BRUCE OSLER, DC

\_\_\_\_\_  
Name of Person

ACUNA MEDICAL, LLC

\_\_\_\_\_  
Firm/Company

4414 NORTHLAKE BLVD.

\_\_\_\_\_  
Address

PALM BEACH GARDENS, FL 33410

\_\_\_\_\_  
City/State and Zip Code

baosler33@gmail.com

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

For further information concerning this matter, please call:

BRUCE OSLER, DC

at ( 561 )

686-3201

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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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: ACUNA MEDICAL, LLC

2. (a) 4414 NORTHLAKE BLVD.

Principal office address of limited liability company:

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

PALM BEACH GARDENS, FL 33410

(b) 4414 NORTHLAKE BLVD.

Mailing address of limited liability company:

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

PALM BEACH GARDENS, FL 33410

07/12/2019

L19000180443

3. Date of filing/registration in Florida

4. Document number

5. (a) MERRILEE JOBES

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

3107 W. HALLANDALE BEACH BLVD., UNIT 101

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

PEMBROKE PARK, FL 33009

(b) BRUCE OSLER, DC

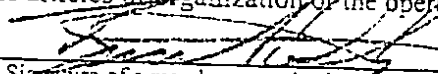
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4414 NORTHLAKE BLVD.

NEW Registered Office Address:

PALM BEACH GARDENS, FL 33410

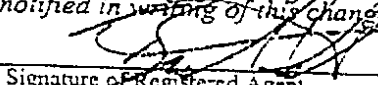
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

BRUCE OSLER, DC

Printed or typed name of signer

*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

**FILED**  
2020 JUN 29 AM 10:43  
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TALLAHASSEE, FL