L19000284134

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(Address)

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SEP 20 2022

S. PRATHER

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Twelve Practices, 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:

Josh Leggett
Name of Person

Nichols and Ash, PLLC
Firm/Company

1818 Crane Ridge Drive Suite 202-A
Address

Jackson, MS, 39216
City/State and Zip Code

josh@nicholsash.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josh Leggett at (601) 460-0900
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

# 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: Twelve Practices, LLC

2. (a) 337 Tecumseh Road, Syracuse, NY 13224
Principal office address of limited liability company
*(Note: MUST BE STREET ADDRESS)*

(b) 337 Tecumseh Road, Syracuse, NY 13224
Mailing address of limited liability company
*(Note: MAY BE POST OFFICE BOX)*

3. 11/14/2019 Date of filing registration in Florida

4. P19000028433 Document number

5. (a) Josh Duncan
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

871 Venetia Bay Blvd
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Suite 234

Venice, FL 34285

(b) Registered Agent Solutions, Inc
Enter name of NEW Registered Agent and/or NEW Registered Office address

155 Office Plaza Dr.
NEW Registered Office Address

Suite A

Tallahassee, FL 32301

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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.

Joshua A. Leggett
Signature of a member or authorized representative of a member

Joshua A. Leggett
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.*

Jaclyn Wright, Asst. Secretary
Signature of Registered Agent

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