

L20000 105 471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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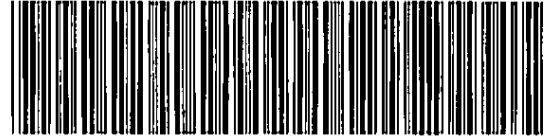
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: ULTIMATE OPINIONS IN MEDICINE LLC

2. (a) <u>980 North Federal Highway</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>Suite 110</u> <u>Boca Raton, FL 33432</u>	(b) <u>980 North Federal Highway</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>Suite 110</u> <u>Boca Raton, FL 33432</u>
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3. <u>04/20/2020</u> Date of filing/registration in Florida	4. <u>L20000105471</u> Document number
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5. (a) INCORP SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
17888 67TH COURT NORTH

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
LOXAHATCHEE, FL 33470

(b) Bruce Weinberg
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
6100 Glades Road
NEW Registered Office Address:
Suite 205
Boca Raton, FL 33434

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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.

X Afzal M. Akhtar
Signature of a member or authorized representative of a member

X AFZAAL AKHTAR
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