

L20000183281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

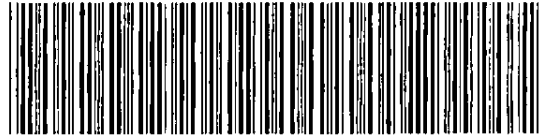
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

ORTHOPAEDIC DEVELOPMENT PARTNERS, LLC

**SUBJECT:** \_\_\_\_\_  
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:

H. STACY SCROGGINS

Name of Person

SURGICAL DEVELOPMENT SYSTEMS, INC.

Firm/Company

1005 W. INDIANTOWN ROAD, SUITE 101

Address

JUPITER, FL 33458

City/State and Zip Code

DSCROGGINS@SDSIASC.COM

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

For further information concerning this matter, please call:

H. STACY SCROGGINS

561

630-6277

at ( )

Name of Person

Area Code &amp; 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: ORTHOPAEDIC DEVELOPMENT PARTNERS, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> ) <u>13837 CIRCA CROSSING DRIVE</u> <u>LITHIA, FL 33547</u> <u>2/28/2023</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>13837 CIRCA CROSSING DRIVE</u> <u>LITHIA, FL 33457</u> <u>L20000183281</u>
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3. WATSON, JEFFREY Date of filing/registration in Florida 4. Document number

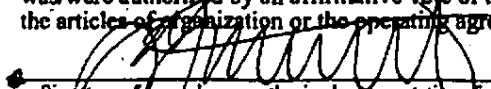
5. (a) WATSON, JEFFREY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
717 S. BREVARD  
TAMPA, FL 33606

(b) H. STACY SCROGOINS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

SURGICAL DEVELOPMENT SYSTEMS, INC  
NEW Registered Office Address:  
1005 W. INDIANTOWN ROAD, SUITE 101  
JUPITER, FL 33458

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

SCOTT GOLDSMITH

Printed or typed name of signor

*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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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