

L20000344317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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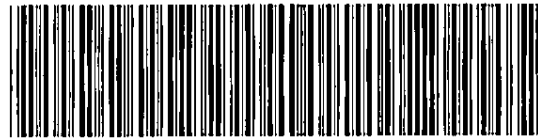
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

2025 JAN 16 AM 10:31

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2025 JAN 16 PM 3:10
TALLAHASSEE, FL 32309

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AB

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500



ACCOUNT NO. : 120000000195

REFERENCE : 881382 8443006

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : January 7, 2025

ORDER TIME : 2:10 PM

ORDER NO. : 881382-001

CUSTOMER NO: 8443006

CHANGE OF AGENT

NAME: ADVANCED JOINT AND SPINE
INSTITUTE-ORLANDO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

**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: ADVANCED JOINT AND SPINE INSTITUTE-ORLANDO, LLC

2. (a) 7974 Lake Underhill Road (b) PO BOX 184

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

ORLANDO, FL 32822

Windermere, FL 34786

10/29/2020

L20000344317

3. Date of filing/registration in Florida

4. Document number

5. (a) MEDARY, MAX

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

7340 STONEROCK CIRCLE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32819

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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2025 JAN 16 AM 10:32
DIVISION OF STATE
TALLAHASSEE, FL

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.

/s/ Darin Jay Hill

Darin Jay Hill, Authorized Person

Signature of a member or authorized representative of a member

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.

Darce C. Kuby
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00 881382