

10/21/24, 9:40 AM

Division of Corporations

Florida Department of State
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tgood@trenam.com

LLC REGISTERED AGENT CHANGE

NEUREPAIR BRAIN AND SPINE WELLNESS CENTERS, PLLC

Certificate of Status	0
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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: Neurepair Brain and Spine Wellness Centers, PLLC
2. (a) 8140 Picton Way, Suite 102
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Trinity, Florida 34655
- (b) 8140 Picton Way, Suite 102
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Trinity, Florida 34655
3. 12/04/2020
Date of filing/registration in Florida
4. 1.20000373874
Document number
5. (a) Older and Lundy, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1000 W. Cass Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa, FL 33606
- (b) TK Registered Agent, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
101 E. Kennedy Boulevard
NEW Registered Office Address:
Suite 2700
Tampa, FL 33602

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]
Signature of a member or authorized representative of a member

Derrick A. Dupre, MD, Manager

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 me in the registered office address, I hereby confirm that the limited liability company has been notified of this change.

[Signature]
Signature of Registered Agent

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

INF18 (2/14)