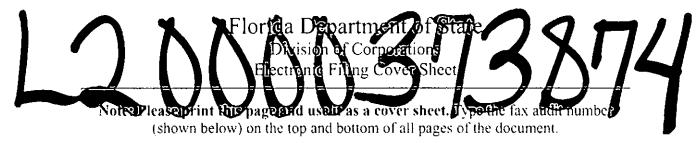
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Division of Corporations



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Account Number : 076424003301 : (813)223-7474 Phone Fax Number : (813)227-0435

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Email Address:

tgood@trenam.com

LLC REGISTERED AGENT CHANGE

NEUREPAIR BRAIN AND SPINE WELLNESS CENTERS, PÉÉC



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGRICULTURE 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.

2. (a)			(b) (b)			
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any;	(-)	-		of limited liability company: BE POST OFFICE BOX)
	Trinity, Florida 34655	 -		Trinity, F	lorida 34655	
	12/04/2020	·	1	.20000373	3874	
3.	Date of filing/registration in Florida	4.	-		Document nu	umber
5. (a)	Older and Lundy, LLC					
	Registered Agent and Registered Office shown on the red 1000 W. Cass Street	cords of the Flor	rida l	Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRE	:\$ S /		_	~2
				<u></u>	- -	924 OCT 2024 OCT SECTALLA
(0)	Tampa	FL_33606				DCT 1
	TK Registered Agent, Inc.					
	Enter name of NEW Registered Agent and/or NEW Re	gistered Office	add	ress:	-	999 3
	101 E. Kennedy Boulevard					H: 02 STATE E. FL
	NEW Registered Office Address:				_	02
	Suite 2700					
	Tampa	. FL ³³⁶⁰²			-	
gent w vas/wer he artic	mited liability company is not organized under or changes are made, the Florida street address ill be identical. Or, in the case of a Florida lim re authorized by an affirmative vote of the menteles of organization or the operating agreement	ited liability on the line of the limited of the limited Do	ered com imit I lia	office an ipany, it is ed liabilit bility con	of the business is hereby confing company or inpany, it, MD, Manage	s office of the registered irmed that the change(s) as otherwise provided in
	are of a member or authorized representative of a member					d name of signee
nereoj rovisio le oblic mer otifie	y accept the appointment as registered agent as ms of all statutes relative to the proper and con in the registered agent as pr in the registered office address	nd agree to a nplete perfori rovided for in ess, I hereby	ct ir nan Ch con	this cape ce of my a apter 605 firm that i	acity. I further auties, and I a i, F.S. Or, if th the limited lial	r agree to comply with to m familiar with and acco his document is being file bility company has been
ignature	of Registered Agent					
	Division of Corporations•	P.C. Box 63	27•	Tallahas	stee FL 3731;	4
	- The second of	ING FEE: \$2				7