

LA200000379241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

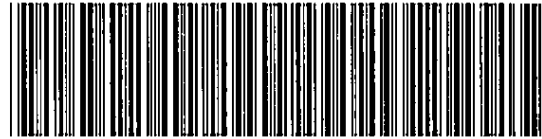
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900361958829

03/16/21--01022--019 \*\*25.00

FILED  
2021 MAR 16 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Big Sky Orthopaedics and Spine LLC

\_\_\_\_\_  
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:

Daniel Husted

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1969 SW. Panther Trace

\_\_\_\_\_  
Address

Stuart, FL 34997

\_\_\_\_\_  
City/State and Zip Code

dshusted@hotmail.com

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

For further information concerning this matter, please call:

Daniel Husted

772 233-9680  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & 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: Big Sky Orthopaedics and Spine LLC

2. (a) 1969 SW. Panther Trace (b) 1969 SW. Panther Trace

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Stuart, FL 34997

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Stuart, FL 34997

12/03/2020

L20000379241

3. Date of filing/registration in Florida 4. Document number

5. (a) Daniel Husted

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

1345 SE St. Lucie Blvd

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Stuart, FL 34996

(b) Daniel Husted

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1969 SW. Panther Trace

**NEW Registered Office Address:**

Stuart, FL 34997

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

Daniel Husted

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 of Registered Agent

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

FILED  
2021 MAR 16 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA