

h21 0000 24874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

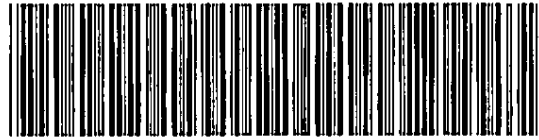
(Business Entity Name)

(Document Number)

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C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

FLORIDA FOOT AND ANKLE SPECIALISTS

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:

JASON SPECTOR

Name of Person

FLORIDA FOOT AND ANKLE SPECIALISTS

Firm/Company

8636 State Road 70 East

Address

Bradenton, FL 34202

City/State and Zip Code

SPECTORDPM@GMAIL.COM

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

For further information concerning this matter, please call:

JASON SPECTOR

407

230-0395

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.

FLORIDA FOOT AND ANKLE SPECIALISTS

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8636 State Road 70 East, Bradenton, FL 34202

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

8636 State Road 70 East, Bradenton, FL 34202

01/11/2021

L21000024874

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

5. (a) _____

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

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

230 NEWBURY PL. N.

ST. PETERSBURG

33716

FL

2021 JUL 12 AM 7:13

(b) _____

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

JASON SPECTOR

NEW Registered Office Address:

8636 State Road 70 East

Bradenton

34202

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.

Signature of a member or authorized representative of a member

Jason Spector

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