

L21000198440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

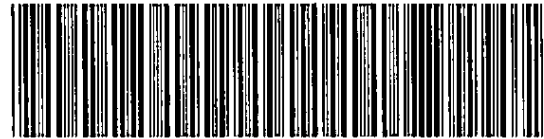
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

BY BRUCE
JUN 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Courtney Snyder, MD PLLC
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:

Martin R. Snyder, Administrator

Name of Person

Courtney Snyder, MD PLLC

Firm/Company

8429 Lorraine Rd, Suite 145

Address

Lakewood Ranch, FL 34202

City/State and Zip Code

ms@courtneysnydermd.com

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

For further information concerning this matter, please call:

Martin R. Snyder, Administrator

941 251.7137
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

FILED
2021 MAY 17 PM 6:17
CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.014 to 605.016, 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: Courtney Snyder MD PLLC

2. ☒ Registered Office, FL

3. ☐ Registered Agent, FL

4. 13224 Saw Palm Creek Trail
(Note: MUST BE STREET ADDRESS)

5. 13224 Saw Palm Creek Trail
(Note: MAY BE POST OFFICE BOX)

6. State: FL

7. State: FL

8. Usewood Ranch, FL 34202

9. Usewood Ranch, FL 34202

10. ☐ Registered Agent

11. ☐ Registered Agent

12. ☐ Date of Filing Registration: 05/17/2021

13. Document number:

14. ☒ Mailed by Snider

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

13224 Saw Palm Creek Trail

16. Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

17. Snider

18. Snider

19. ☐ Registered Agent

20. ☐ NEW Registered Agent, via: ☐ NEW Registered Office address

21. Snider

22. NEW Registered Office Address

23. Snider

24. St. Petersburg

25. FL 33702

2021 MAY 17 PM 6:17
TALLAHASSEE, FL
FILING

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 changes submitted are approved 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.

26. Snider
27. Snider

28. Martin R. Snider, Administrator, Courtney Snyder MD PLLC

29. Snider
30. Snider

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 in a jurisdiction other than the State of Florida, I hereby certify that the limited liability company has been

31. Snider
32. Snider

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

FILING FEE: \$25.00

**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: Courtney Snyder, MD PLLC
2. (a) 8429 Lorraine Rd
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 145
Lakewood Ranch, FL 34202
- (b) 8429 Lorraine Rd
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite 145
Lakewood Ranch, FL 34202
3. April 28, 2021 Date of filing/registration in Florida
4. L21000198440 Document number
5. (a) Martin R Snyder
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13224 Saw Palm Creek Trail
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
Bradenton, FL 34211
- (b) Registered Agents Inc.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

** I am including
this unsigned
copy for your
convenience in
having a clearer
copy*

FILED
TALLAHASSEE, FL
MAY 17 PM 6:17
2021

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.

Martin R Snyder
Signature of a member or authorized representative of a member

Martin R Snyder, Administrator Courtney Snyder, MD PLLC
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.

X
Signature of Registered Agent