

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CHAIRES, BROODERSON & GUERRERO, P.L.
Account Number : I20060300163
Phone : (407)834-2777
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LLC REGISTERED AGENT CHANGE
ADVANCED INTEGRATED PAIN & SPINE SOLUTIONS, LLC

Certificate of Status	0
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1/1

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: Advanced Integrated Pain & Spine Solutions, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

1420 Marble Crest Way

1420 Marble Crest Way

Winter Garden, FL 34787

Winter Garden, FL 34787

May 26, 2021

L21000246434

3. Date of filing/registration in Florida

4. Document number

5. (a) CB&G Services, Inc.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

283 Cranes Roost Blvd, Suite 165

Altamonte Springs, FL 32701

(b) Narendren Narayanasamy, M.D.

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

NEW Registered Office Address:

1420 Marble Crest Way

Winter Garden, FL 34787

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.

N. Narayanasamy
Signature of a member or authorized representative of a member

Narendren Narayanasamy, M.D., Manager

Printed or typed name of signer

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.

N. Narayanasamy
Signature of Registered Agent

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

FILING FEE: \$25.00

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