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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Division of C								
SUBJECT:	llobal p	rediatric Name of I	Nenrosnr Limited Liability	gical Company	Consul	tant	, L	_1
Dear Sir or Madam:								
The enclosed Registo	ered Agent/Reg	gistered Office Ch	ange and fee(s) a	ıre submitte	d for filing.			
Please return all corr	espondence co	ncerning this mat	ter to the following	ng:				
Dina	M. Rat Name of P	Data erson						
	Firm/Com	pany						
·	Ork, F City/State and	Zip Code Signal - 1/c (·Com		SECRETARY OF SHATE	2023 JAN 13 AM 11: 41	The State Control of
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Samer	Elbab e of Person	-	(407)	990 – Code & Da	1899 aytime Teleph	none Numb	 >er	
Mailing Ad Registration Division of P.O. Box 6: Tallahassee	Section Corporations 327		Reg Div The 241.		ection orporations Tallahassee oe Street, St	nite 810		
Enclosed is	a check for th	e following amo	ınt:					
🗆 \$25 Filing	□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)



October 24, 2022

SAMER ELBABAA 302 GENIUS DR WINTER PARK, FL 32789

SUBJECT: GLOBAL PEDIATRIC NEUROSURGICAL CONSULTANTS LLC

Ref. Number: L21000358892

We have received your document for GLOBAL PEDIATRIC NEUROSURGICAL CONSULTANTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the new registered agent in section 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00023830

Diane Cushing Senior Section Administrator

DEC - 5 2022



December 20, 2022

SAMER ELBABAA 302 GENIUS DR WINTER PARK, FL 32789

SUBJECT: GLOBAL PEDIATRIC NEUROSURGICAL CONSULTANTS LLC

Ref. Number: L21000358892

We have received your document for GLOBAL PEDIATRIC NEUROSURGICAL CONSULTANTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 522A00028345

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.

l. Na	me of the limited liability company: Global pediatric 1	Neurosurgial Consultants LI
2. (a)	(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	302 Genius Dr.	
	Winter, Park, FL 32789	
	8/10/2021	L21000 358892
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	United States Corporation Agents, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	- 202
	5575 S. Semoran Blvd. 36	023 JA
	Oclardo FL 32822	
(b)	Dina M. Rabata	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	NEW Registered Office Address:	
	302 Genius Dr.	_
	Winter park, FL 32789	_
change agent v was/w	imited liability company is not organized under the laws of the State of F or changes are made, the Florida street address of the registered office avill be identical. Or, in the case of a Florida limited liability company, it are achorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability con	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
1)Y	Samer Fibabaa Sav	Printed or typed name of signee
t herei provisi the obl to mere	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60 ely reflect a change in the registered office address, I hereby confirm that I in writing of this change.	vacing I further agree to comply with the
	re of Registered Agent	