

L21 006 492 870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

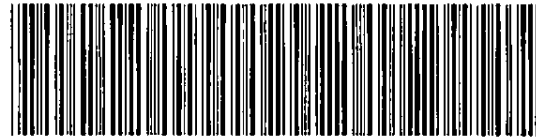
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900398928739

2022 DEC 15 AM 11:00

FILED

2022 DEC 15 PM 2:48

[Handwritten signature]

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 12/15/2022 **PRIORITY** Regular Approval

OUR REF # (Order ID#) 1103045

ORDER ENTITY

SURGICAL INSTRUMENTS MANAGEMENT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SURGICAL INSTRUMENTS MANAGEMENT, LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

2022 DEC 15 AM 11:00

RECEIVED

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surgical Instruments Management, 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:

Mabel Martinez

Name of Person

Skeletal Dynamics, Inc.

Firm/Company

8905 SW 87 Avenue, Suite 201

Address

Miami, Florida 33176

City/State and Zip Code

mamartinez@skeletaldynamics.com

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

For further information concerning this matter, please call:

Mabel Martinez

at (_____) 305

5967585 Ext: 7005

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

2022 DEC 15 AM 11:00

FILED

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.

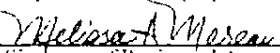
1. Name of the limited liability company: <u>Surgical Instruments Management, LLC</u>	
2. (a) <u>8905 SW 87 Avenue</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Suite 201</u> <u>Miami, Florida 33176</u>	(b) <u>8905 SW 87 Avenue</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Suite 201</u> <u>Miami, Florida 33176</u>
<u>11/16/2021</u>	<u>L21000492870</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>SKELETAL DYNAMICS, INC</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>7300 N. KENDALL DRIVE</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>SUITE 400</u> <u>MIAMI</u> , FL <u>33156</u>	
(b) <u>Incorporating Services, Ltd.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Office Address:</u> <u>1540 Glenway Drive</u> <u>Tallahassee</u> , FL <u>32301</u>	

2022 DEC 15 AM 11:00

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.

	Ana M. Escagedo
Signature of a member or authorized representative of a member	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.


Signature of Registered Agent