

L 22000 157793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

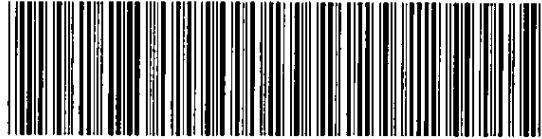
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800398928748

2022 DEC 15 AM 10:35

DEC 15

2022 DEC 15 PM 2:48

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#) 1103042

ORDER ENTITY

SKELETAL DYNAMICS STRATEGIC MANUFACTURING CENTER, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SKELETAL DYNAMICS STRATEGIC MANUFACTURING CENTER, 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 "Ug".

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.

2022 DEC 15 AM 10:35

ED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skeletal Dynamics Strategic Manufacturing Center, 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

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 305 5967585 Ext: 7005
_____ 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

2022 DEC 15 AM 10:35

DEC 15 2022

**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: Skeletal Dynamics Strategic Manufacturing Center, LLC
2. (a) 8905 SW 87 Avenue
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 201
Miami, Florida 33176
04/01/2022
- (b) 8905 SW 87 Avenue
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 201
Miami, Florida 33176
1.22000157793
3. 04/01/2022 Date of filing/registration in Florida
4. 1.22000157793 Document number

5. (a) SKELETAL DYNAMICS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7300 N. KENDALL DRIVE, SUITE 400
CORAL GABLES, FL 33156

- (b) Incorporating Services, Ltd.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1540 Glenway Drive
Tallahassee, FL 32301

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]
Signature of a member or authorized representative of a member

Ana M. Escagedo
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]
Signature of Registered Agent

2022 DEC 15 AM 10:35

FILED