L22000346034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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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 09/01/2023 **PRIORITY** Routine **OUR REF # (Order ID#)** Courtney

ORDER ENTITY

Ognomy Sleep Associates FL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

Ognomy Sleep Associates FL, LLC

Please file the attached change of agent.

NOTES:

$25.00 Authorized
Email address for annual report reminders: radiv@incserv.com

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,

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.

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: Ognomy Sleep Associates FL, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

640 Ellicott St.

Buffalo, NY 14203

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

640 Ellicott St.

Buffalo, NY 14203

3. Date of filing/registration in Florida: 08/05/2022

4. Document number: L22000346034

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

LIPPES MATHIAS LLP

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

10151 DEERWOOD PARK BLVD, BLDG 300 STE 300

Jacksonville, FL 32256

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Incorporating Services, Ltd.

NEW Registered Office Address:

1540 Glenway Drive

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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.

DocuSigned by:
Peter Grandits
A240337CD128424...
Authorized representative of a member

Peter A. Grandits Jr.
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.

Courtney Lehto, Assistant Secretary
Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00