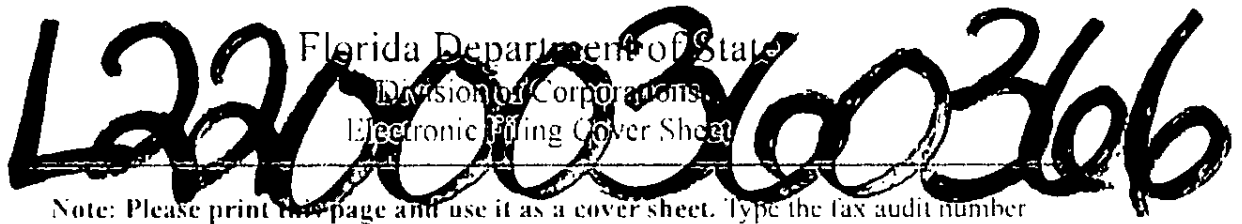


2/2/24, 11:31 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
THE WOUND SPECIALISTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2024 FEB -2 PM 1:00
FLORIDA
DIVISION OF
CORPORATIONS

FILED
2024 FEB -2 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FL

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T. LEMIEUX
FEB -5 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE WOUND SPECIALISTS 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:

Fiona Ineson

Name of Person

THE WOUND SPECIALISTS LLC

Firm Company

7420 NW 5TH ST, STE 112

Address

PLANTATION, FL 33317

City/State and Zip Code

fiona@apidaehealth.com

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

For further information concerning this matter, please call:

URS AGENTS C/O LAUREN JOHNSON 800 567 - 4397

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

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: THE WOUND SPECIALISTS LLC

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

7420 NW 5TH ST, STE 112

PLANTATION, FL 33317

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

7420 NW 5TH ST, STE 112

PLANTATION, FL 33317

08/17/2022

L22000360366

3. Date of filing/registration in Florida

4. Document number

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

THE LEGAL TEAM, PLLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1815 SW 85TH COURT

MIAMI, FL 33324

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

URS AGENTS, LLC

NEW Registered Office Address:

3458 LAKESHORE DRIVE

TALLAHASSEE, FL 32312

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 of a member or authorized representative of a member

Rizwan R. Kalwar
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 LAUREN JOHNSON ASST SECRETARY

FILED
2024 FEB -2 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FL