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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## TALL PURSEE FLORIDA

## LLC REGISTERED AGENT CHANGE STAT SURGICAL SUPPLY LLC

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## 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.

| Principal office address of limited hability company:  (Nate: MEST RESTREET ADDRESS)  Date of filing/registration in Florida  Document number  Note: MAY BE POST OFFICE BOSY  Date of filing/registration in Florida  UNITED STATES CORPORATION AGENTS, INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent and Registered Agent and/or NEW Registered Office address:  The Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered Office address:  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 changet of the articles of organization or the organized agreement of the limited liability company or as otherwise provided in the articles of organization or the organized agreement of the limited liability company or as otherwise provided in the articles of organization or the organization of the prediction agreement of the limited liability company.  Robin Jones  Registered Agent and organized agent and agree to act in this capacity. I further agree to comply with the provisions of all stantes relative to the proper and complete performance of my duties, and I am familiar with and accept the applications of areas agent and agree to act in this capacity. I further agree to comply with the provisions of all stantes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of any position or registered agent and complete performance of my duties, and I am familiar with and accept the obligations of all stantes relative to the proper and complete performance of my duties, and I am familiar with and acc | 1. Na                                 | ame of the limited liability company:  | oly LLC   |   |
|--|---------------------------------------|--|---|---|
| Principal office address of limited liability company: (Note: MEST BE STREET ADDRESS)  O1/23/23  L 23000042808  3. Date of filing/registration in Florida 4. Document number  UNITED STATES CORPORATION AGENTS, INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address  A76 Riverdale Avenue  Jacksonville  Enter name of NEW Registered Agent and/or NEW Registered Office address:  7901 4th St N  NEW Registered Office Address  STE 300  St. Petersburg  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 registere agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changet 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Robin Jones  Signatus of a member or surface registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stantes relative to the proper and complete performance of my duties, and an familiar with and accept the ability of this change.  Printed in typel name of signee  Printed in the limited liability company has been provided in the limited liability company has been provided by this change.  David Notes Assistant Secretary  | 2. (a)                                |  | (b)   |   |
| 3. Date of filing/registration in Florida 4. Document number  5. (a)  WhiteD STATES CORPORATION AGENTS, INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address:  Af6 Riverdale Avenue  Jacksonville  Jacksonville  Jacksonville  FL 32202  (b)  Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered Office address:  7901 4th St N  NEW Registered Office Address:  STE 300  St. Petersburg  FL 33702  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 registere 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.  Robin Jones  Signature of a member or authorized representative of a member  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 funditure 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 file to mereby reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. (if this document is being file to mereby reflect a change in the registered agent as provided of in in Chapter 605, F.S. Or. (if this document is being file to mereby reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. (if this document is being file to mereby reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. (if this document is being fil |                                       |  |   | Mailing address of limited liability company:   |
| St. Petersburg  St. Petersburg  St. Petersburg  St. Petersburg  FL 33702  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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Robin Jones  Signature of a member or aurfurized representative of a member  Signature of a member or aurfurized representative of a member of a florida member of the limited liability company.  Robin Jones  Signature of a member or aurfurized representative of a member of a reprised of the company.  Robin Jones  Signature of a member or aurfurized representative of a member of a reprised of the imited liability company.  Robin Jones  Signature of a member or aurfurized representative of a member of a period of the imited liability company.  Robin Jones  Signature of a member or aurfurized representative of a member of a cert 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 any position as registered agent and agree to act in this capacity. I further agree to comply with the provisions of of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of any position as registered agent as provided off or in Chapter 605, F.S. Or, if this document is being files to merely reflect a change in the registered agent and spread of or in Chapter 605, F.S. Or, if this document is being files to merely reflect a change in the registered agent and spread of the chapter of the schape.  David Roberts  Assistant Secretary  |                                       | 01/23/23   |   | 3000042808  |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State:    Registered Office Address  | 3.                                    | Date of filing/registration in Florida   | 4.  | Document number   |
| Registered Office Address  Registered Office Address  A76 Riverdale Avenue  Jacksonville  Jacksonville  Enter name of NEW Registered Agent and/or NEW Registered Office address:  7901 4th St N  NEW Registered Office Address:  STE 300  St. Petersburg  FL 33702  If the limited tiability 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 changest 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Robin Jones  Signature of a member on authorized representative of a member.  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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if his document is being files to mereby reflect a change in the registered agent approved and for in Chapter 605, F.S. Or. if his document is being files to mereby reflect a change in the registered office address. I hereby confirm that the limited liability company has been motified in writing of this change.  David Roberts  Assistant Secretary  | 5 (a)                                 | UNITED STATES CORPORATION AGENTS, INC.   |   |   |
| St. Petersburg  Printed of typed name of signee  St. Petersburg  St. Petersburg  Printed of typed name of signee  St. Petersburg  St. Petersbu | J. (u)                                |  | the Florida De  | ppt, of State:  |
| St. Petersburg  Printed of typed name of signee  St. Petersburg  St. Petersburg  Printed of typed name of signee  St. Petersburg  St. Petersbu |                                       | Registered Office Address (MUST BE FLORIDA STREET)   | (DDRESS)  |   |
| St. Petersburg  Printed or typed name of signee  St. Petersburg  St. Petersbur |                                       | 476 Riverdale Avenue   |   | P P 7   |
| St. Petersburg  Printed of typed name of signee  St. Petersburg  St. Petersburg  Printed of typed name of signee  St. Petersburg  St. Petersbu |                                       | Jacksonville, FL   | 32202   |   |
| St. Petersburg  FL  33702  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 registere 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.  Robin Jones  Signature of a member or authorized representative of a member  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.  David Roberts  Assistant Secretary  | (b)                                   | Registered Agents Inc  |   | SSS: T  |
| St. Petersburg  Printed or typed name of signee  St. Petersburg  St. Petersbur | (-)                                   |  | Office addre  | <u>ss:</u>  |
| St. Petersburg  St. Petersburg  St. Petersburg  St. Petersburg  FL  33702  If the limited tiability 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 registere 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.  Robin Jones  Signature of a member or authorized representative of a member  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 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.  David Roberts  Assistant Secretary  |                                       | 7901 4th St N  |   | 0.01  |
| 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.    Robin Jones   Printed or typed name of signee   |                                       | NEW Registered Office Address:   |   |   |
| 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.  Robin Jones  Signature of a member or authorized representative of a member  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.  David Roberts  - Assistant Secretary  |                                       | STE 300  |   |   |
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| 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.  David Roberts - Assistant Secretary  | the chagent<br>was/w<br>the art       | ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lifere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the | the register<br>ability comp<br>of the limite<br>limited liab | red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company.  ones                                |
| 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.  David Roberts - Assistant Secretary  |                                       |  |   | •   |
| 9-11-  | provis<br>the ob<br>to mer<br>notifie | nons of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>level reflect a change in the registered office address, I<br>d in writing of this change.                | ce to act in<br>performand<br>d for in Cha<br>hereby conf     | this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed firm that the limited liability company has been |
|  |                                       |  | ecretary  |   |