

L2H 000 00 9362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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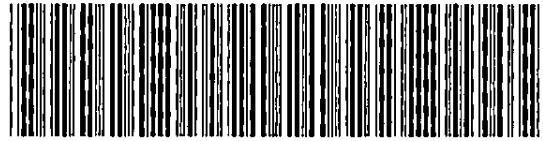
(Business Entity Name)

(Document Number)

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2024 JUN 21 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Bay Headache and Neurological Institute
Name of Limited Liability Company LLC

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:

Kavita Kalidas

Name of Person

Firm/Company

2971 Pearson James Place

Address

Lutz, FL 33559

City/State and Zip Code

Kavitakalidas@gmail.com

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

For further information concerning this matter, please call:

Kavita Kalidas

Name of Person

at (321) 331 6768

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

2024 JUN 21 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FL

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: Tampa Bay Headache and Neurological Institute LLC
2. (a) 2971 Pearson James Place (b) 2971 Pearson James Place
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Lutz, FLORIDA 33559

Lutz, FLORIDA 33559

3. 01/03/2024
Date of filing/registration in Florida

4. L24000009362
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

925 Brynmar Estates Blvd
00000, FL 34761

(b) Kavita Kalidas (unchanged)
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2971 Pearson James Place
NEW Registered Office Address:

^{KK} Tampa Lutz, FL 33559

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.

Kavita Kalidas
Signature of a member or authorized representative of a member

Kavita Kalidas
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.

Kavita Kalidas
Signature of Registered Agent