

L24 000 136 145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

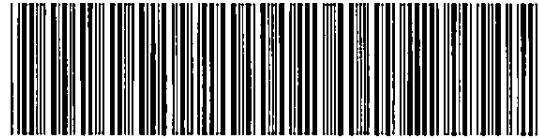
(Document Number)

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2024 APR 23 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 APR 23 PM 3:28  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext:  
Date: 04/23/24  
Order #: 1490050-1  
Re: South Beach Orthotics and Prosthetics, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office  
Check in the amount of: \$25.00 - FL State Account Number: I20000000195  
AUTH

Please take the following action:

File on a routine basis  
Issue proof of filing  
Return evidence to the following:  
ATTN: Amanda Miller  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

SECRETARY OF STATE  
TALLAHASSEE, FL  
2024 APR 23 AM 11:05

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Beach Orthotics and Prosthetics, 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:

Ines Briand  
\_\_\_\_\_  
Name of Person

Sheppard Mullin Richter & Hampton, LLP  
\_\_\_\_\_  
Firm/Company

Sheppard Mullin Richter & Hampton LLP, Avenue Louise 480  
\_\_\_\_\_  
Address

Brussels, 1000, BELGIUM  
\_\_\_\_\_  
City/State and Zip Code

ibriand@sheppardmullin.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ 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

2024 APR 23 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED

**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: South Beach Orthotics and Prosthetics, LLC

2. (a) 4147 SUN N LAKE BLVD, SEBRING, FL 33872  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) 4147 SUN N LAKE BLVD, SEBRING, FL 33872  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 03/05/2024 Date of filing/registration in Florida

4. L24000136145 Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Mark Selleck  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
4147 SUN N LAKE BLVD, SEBRING  
\_\_\_\_\_, FL 33872

2024 APR 23 AM 11:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 E.M.H.D.

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


Corporation Service Company  
**NEW** Registered Office Address:  
1201 Hays Street  
\_\_\_\_\_  
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.

/s/ Jean Pierre Mahe Signature of a member or authorized representative of a member

Jean-Pierre Mahe 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 of Registered Agent