M14000005643

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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WHY 51 2021



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

meghan.groom@cscglobal.com From: Meghan Groom

Date: March 29, 2021

Order#: 734706-005

Re: PARADIGM SPINE, LLC

Enclosed please find:

__ Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$\\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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.

I. Na	me of the limited liability company: PARADIGM SP	INE, LLC	
2. (a)	520 Lake Cook Road	(b)	505 PARK AVE 14TH FLOOR
J. (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	('')	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 315		
	Deerfield, IL 60015		NEW YORK, NY 10022
	08/07/2014	I	M14000005643
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NRAI SERVICES, INC		
((()	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		C 2
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	100 HAC 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PLANTATION .FL	33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, FI	32301	
change agent w was/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited liarce authorized by an affirmative vote of the members of cles of organization or the operating agreement of the zs/Albert Lee	registered ability com of the limit limited lia	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signat	are of a member or authorized representative of a member		Printed or typed name of signee
I hereb provision the oblition	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I have the change in the registered office address, I have the change in the change.	performan I for in Ch uereby con	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605. F.S. Or, if this document is being filed firm that the limited liability company has been E. Kirby. Asst Vice President

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