

1
M14000006703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

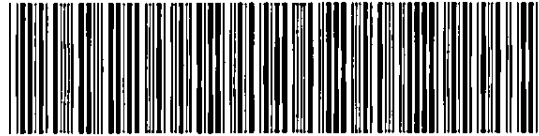
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUN -5 AM 6:12

STATE OF ALABAMA

JUN 06 2018
J. HARRIS

RECEIVED
JUN -4 AM 10:58
STATE



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 6/5/18

Name: KEN HOWELL

Reference #: M100008

Entity Name: SAFE PASSAGE NEUROMONITORING LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES - CALL KEN @
518-213-0738

Authorized Amount: \$25.00

Signature: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2018

COGENCY GLOBAL
KEN HOWELL

SUBJECT: SAFE PASSAGE NEUROMONITORING LLC
Ref. Number: M14000006703

FILED
2018 JUN -5 AM 6:12
TALLAHASSEE FLORIDA

We have received your document for SAFE PASSAGE NEUROMONITORING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 818A00011582

RECEIVED
JUN 5 2018
18 JUN -5 PM 4:16

**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: SAFE PASSAGE NEUROMONITORING LLC

2. (a) 915 BROADWAY (b) 915 BROADWAY
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

SUITE 1200 SUITE 1200
NEW YORK, NY 10010 NEW YORK, NY 10010

3. 09/17/2014 4. M14000006703
Date of filing/registration in Florida Document number

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

1201 HAYS STREET
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
TALLAHASSEE, FL 32301-2525

(b) COGENCY GLOBAL INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4
NEW Registered Office Address:
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.

Janine Gregory
Signature of a member or authorized representative of a member

Janine Gregory
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.

KENDAN HOWELL - ASSISTANT SECRETARY
Signature of Registered Agent

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