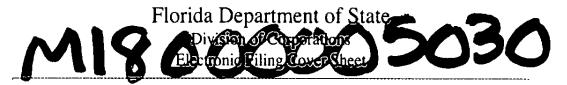
Division of Corporations



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LLC REGISTERED AGENT CHANGE **TCFII SPINE LLC**

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1/1

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. Na	ame of the limited liability company:	SPINE LLC								
2. (a)	6782 W SUNRISE BLVD			(b) 1885 Marina Mile Blvd						
(-)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		. (~/ -	•	Mailing address of		•		
	PLANTATION, FL 33313			S	uite 103	3				
				F	t Laude	erdale, FL 33315				
	05/24/2018			М	180000	05030				
3.	Date of filing/registration in Florida	<u> </u>	4.	_	_	Document num	ıber			
5. (a)	Martorano, Kimberly									
J. (u)	Registered Agent and Registered Office shown on the	records of the	Florida	a De	pt. of Sta	ate:				
	6782 W Sunrise Blvd									
	Registered Office Address (MUST BE FLORIDA									
	PLANTATION	, FL	3313							
		, FL						202		
(b)	United Agent Group Inc.							2024 APR		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>			ಸ 2						
								9	; ;	
	801 US Highway I							<u></u>		
	NEW Registered Office Address:									
						_		36		
	North Palm Beach	, FL	3408							
							_			
change	imited liability company is not organized und or changes are made, the Florida street addre vill be identical. Or, in the case of a Florida l	ess of the re	gistere	ed c	ffice a	nd the business o	ffice of the	regis	tered	
was/wo	ere authorized by an affirmative vote of the m	nembers of t	the lim	nite	l liabili	ity company or as				
	cles of organization or the operating agreeme Law	nt of the lin			-	ompany. omey-in-Fact				
	ture of a member or authorized representative of a mem	ber				Printed or typed n	name of signer			
provisi the obl to merc	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ely reflect a change in the registered office ad I in writing of this change.	t and agree complete pe provided fi ldress, I her	to act erforme or in C reby co	t in anc Cha onfi	this cap e of my pter 60 rm thai	pacity. I further of duties, and I am 05, F.S. Or, if this the limited liability	agree to con familiar w s document lity compan	mply ith an is be iy has	with the d accept ing filed been	
		w. Special S	Secreta	ary						
Signatu	re of Registered Agent									