

M22 000000 1668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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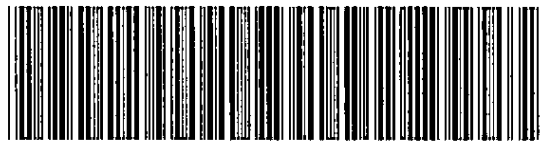
(Business Entity Name)

(Document Number)

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S. PRATHE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CIT ortho 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:

Megan Lecavalier  
Name of Person

CIT ortho LLC  
Firm/Company

26202 Detroit Rd, Ste 340  
Address

Westlake, OH 44145  
City/State and Zip Code

mlecavalier@clearing.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Megan Lecavalier at 614 302-1169  
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

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: CIT Ortho, LLC

2. (a) CIT Ortho, LLC (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

26702 Detroit Rd, Ste 340  
Westlake, OH 44145

3. 1/25/22 Date of filing/registration in Florida 4. M22000001668 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

(b) David Nolan  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

26860 Hedgewood Drive, Apt 201  
NEW Registered Office Address:

Bonita Springs, FL 34134  
\_\_\_\_\_, FL \_\_\_\_\_

REMOVE old  
Registered  
agent

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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.

Meg Lecavalier  
Signature of a member or authorized representative of a member

Megan Lecavalier  
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.

David Nolan  
Signature of Registered Agent