## M2200017627

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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11/05/24--01020--005 \*\*25.00

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## **COVER LETTER**

| TO:    | Registration Section Division of Corporations |   |            |
|--------|---|---|------------|
| SUBJ   |   |   |            |
|        | Name o  | of Limited Liability Company                |            |
| Dear S | Sir or Madam:                                 |   |            |
| The er | nclosed Registered Agent/Registered Office    | Change and fee(s) are submitted for filing. |            |
| Please | return all correspondence concerning this m   | natter to the following:                    |            |
| Steve  | Dickey, EVP Commercial Operations             |   |            |
|        | Name of Person                                |   |            |
| Annov  | rus Spine, LLC                                |   |            |
|        | Firm/Company                                  |   |            |
| 865 O  | viedo Blvd, Suite 1019                        |   |            |
|        | Address                                       |   |            |
| Ovice  | o, FL 32765                                   |   |            |
|        | City/State and Zip Code                       |   |            |
|        | nting@kalitecmed.com                          |   |            |
| 1      | E-mail address: (to be used for future annual | report notification)                        |            |
| For fu | rther information concerning this matter, ple | ease call:                                  |            |
| Steve  | Dickey  | 407 545-2063<br>at ( )                      |            |
|        | Name of Person                                | Area Code & Daytime Telephone Numbe         | ;r         |
|        | Mailing Address:                              | Street Address: Registration Section        |            |
|        | Registration Section Division of Corporations | Division of Corporations                    |            |
|        | P.O. Box 6327                                 | The Centre of Tallahassee                   |            |
|        | Tallahassee, FL 32314                         | 2415 N. Monroe Street, Suite 810            | ,          |
|        | •   | Tallahassee, FL 32303                       | ياد الأ    |
|        |   |   | 1 ***!     |
|        | Enclosed is a check for the following am      | nount:                                      |            |
|        | □ \$25 Filing Fee                             |   | ONE<br>ONE |

INHS18 (2/14)

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## 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.

| me of the limited liability company:   | LLC   |   |  |  |
|--|---|---|--|--|
| 865 Oviedo Błvd.   | மு) <sup>86</sup>                                   | (b) 865 Oviedo Blvd.  |  |  |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  Oviedo, FL 32765  |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Oviedo, FL 32765   |  |  |
|  |   |   |  |  |
| 11/28/22   |   | 2000017627  |  |  |
| Date of filing/registration in Florida NRAI Services, Inc.   | 4.  | Document number   |  |  |
| Registered Agent and Registered Office shown on the records of   | (the Florida Den                                    | nt of State:  |  |  |
| 1200 South Pine Island Road  | A. Of Guite.  |   |  |  |
| Registered Office Address (MUST BE FLORIDA STREET  | <del></del>   |   |  |  |
|  |   |   |  |  |
| Plantation   | L <sup>33324</sup>                                  | <del></del>   |  |  |
|  | L   | <del></del>   |  |  |
| Jeffrey P Greenberg, PA  |   |   |  |  |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | <u>\$</u> :   |   |  |  |
| 4202 W Ei Prado Blvd.  |   |   |  |  |
| NEW Registered Office Address:   |   | <del></del>   |  |  |
|  |   |   |  |  |
| Tampa , FI   | 33629   |   |  |  |
| nited liability company is not organized under the law<br>or changes are made, the Florida street address of the<br>ill be identical. Or, in the case of a Florida limited his<br>e authorized by an affirmative vote of the members of<br>the of organization or the operating agreement of the | registered of<br>ability compared<br>of the limited | ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in   |  |  |
| >h-  | J Scott W   |   |  |  |
| re of a member or authorized representative of a member  v accept the appointment as registered agent and agr  ns of all statutes relative to the proper and complete  gations of my position as registered agent as provide   | noriomianco :                                       | Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file m that the limited liability company has been |  |  |
| y reflect a change in the registered office address, I I in writing of this change.  | tereby conjun                                       | m that the limited thability company has peen   |  |  |

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