

# P13000089257

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

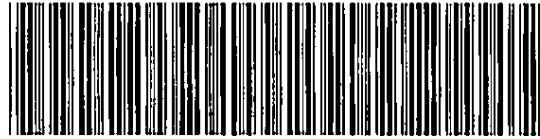
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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18 MAY 24 PM 2:15  
TALLAHASSEE, FLORIDA

MAY 25 2018

S. YOUNG

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Avanta Orthopedics, Inc

Name of Corporation

DOCUMENT NUMBER: P13000089257

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Martinez

Name of Contact Person

Avanta Orthopedics, Inc

Firm/Company

7295 Coral Way

Address

Miami, Florida 33155

City/State and Zip Code

avantaorthopedics@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Avanta Orthopedics, Inc

Name of Contact Person

at ( 305 ) 262-1721

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AVANTA ORTHOPEDICS, INC
2. The principal office address: 7295 Coral Way  
Miami, Florida 33155
3. The mailing address (if different): 13190 SW 134 St # 107  
Miami, Florida 33186
4. Date of incorporation/qualification: 10/31/2013 Document number: P13000089257
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ariel Manso

13190 SW 134 St # 107

Miami, Florida 33186

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Hector R Manso

13190 SW 134 St # 107

P.O. Box NOT acceptable

Miami, Florida 33186

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Amanda Martinez

\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

5/21/2018

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***