## P150000014290

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ad                                     | ldress)            |           |
| (Ad                                     | ldress)            |           |
| (Ĉit                                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | isiness Entity Nan | ne)       |
| (Document Number)                       |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |

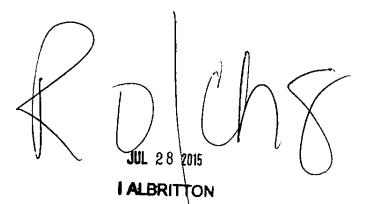




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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |  |
|---|--|--|--|
| SUBJECT: Afa Pain Specialists, Inc. Name of Corporation   |  |  |  |
| DOCUMENT NUMBER: P15000014290   |  |  |  |
| 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:   |  |  |  |
| SHARIQ LATIF Name of Contact Person   |  |  |  |
| Afa Pain Specialist, Inc.   |  |  |  |
| 728 Blanding Blud Ste C   |  |  |  |
| Orange Pask FL, 32-065<br>City/State and Zip Code   |  |  |  |
| E-neal address: (to be used for future annual report notification)  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |
| SHARIO LATIF at (904) 6396747.  Name of Contact Person 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  Street Address: Amendment Section Division of Corporations |  |  |  |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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: Afa Pain Specialists, Inc  |
| 2. The principal office address: 728 Blanding Blud Ste C  |
| Osange Page FL 32065.   |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: Feb 12, 2015 Document number: P150000/4290  |
| 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)  |
| SHARIO LATIF  |
| 216 Candle back Dr  |
| Jacksonville FL 32225   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| SHARIQ LATIF  |
| 728 Blanding Blud Ste C   |
| Orange Pasa FL 32065.   |
| 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 office for director  SHARIO LATIF  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. |
| Shaly 2/22/15.  |
| Signature of Registered Agent Date  |
| If signing on behalf of an entity:  |
| SHARIQ LATIF Typed or Printed Name  |
| * * * FILING FEE: \$35.00 * * *   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)