## P15000086216

<del></del>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
<u></u>	(Business Entity Name)
	(Document Number)
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6. HUNT C2/C7/24

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Name of Corporation	OUP OF FLORIDA, P.A.	
DOCUMENT NUMBER: P15000086216		
The enclosed Statement of Change of Registered	l Office/Agent and fee are submitte	ed for filing.
Please return all correspondence concerning this	matter to the following:	
CHRISTY MENDOZA		r-37
Name of Contact Person		100 41
FILEJET INC.		
Firm/Company	<del> </del>	1
10440 PIONEER BLVD STE 8		11.39 PM 1:39
Address	<del></del>	
SANTA FE SPRINGS CA 90670		70 7
City/State and Zip Code		39 TE
REGISTEREDAGENT@FIL	EJET.COM	
E-mail address: (to be used for future annua	l report notification)	<del></del>
For further information concerning this matter, J	please call:	
CHRISTY MENDOZA	at (949 ) 259-5955 Area Code & Daytim	;
Name of Contact Person	Area Code & Daytim	e Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahasse	e

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## $\cdot$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of FLORID registered agent, or both, in the State of Florida.	
1. The name of	the comporation: CHILDREN AND	TEEN ORTHO GROUP OF FLORIDA, P.A.	
	office address: 225 IMPERIAL BL		
LAKELAND, F	FL 33803		
3. The mailing	address (if different): 2300 LAKEV	IEW PKWY STE. 250, ALPHARETTA, GA 30009	
		Document number: P15000086216	
	nd street address of the current regist artment of State: (If resigned, enter r		-, 3
	C T CORPORATION SYSTEM		•
	1200 SOUTH PINE ISLAND ROA	D	
	PLANTATION, FL 33324	10	
6. The name ar (if changed):		ed agent (if changed) and /or registered office	H 1: 40
	FILEJET INC.		
	625 E. TWIGGS ST. STE. 110		
	TAMPA, FL 33602-3931	P.O. Box NOT acceptable	
The street addr as changed wil	ress of its registered office and the ll be identical.	street address of the business office of its registe	cred agent,
Such change wanthorized by	vas authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors or by an officer cen notified in writing of the change.	so
1000	al more	BRIAN SMITH, COO	
	ture of an office of director	Printed or Typed name and title	
I further agree of my duties, a document is be corporation ha	the appointment as registered age to comply with the provisions of a and I am familiar with and accept the eing filed merely to reflect a change as been notified in writing of this characters.	ent and agree to act in this capacity. Il statutes relative to the proper and complete p he obligation of my position as registered agent e in the registered office address, I hereby confi hange.	erformance . Or, if this rm that the
	leul-	02/06/2024	
Si	ignature of Registered Agent	Date	
If signing on b	chalf of an entity:		
	Typed or Printed Name		
	* * * FILI?	NG FEE: \$35.00 * * *	

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)