

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904)359-7700
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
FIRST COAST HEALTH ALLIANCE, LLC

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|-----------------------|---------|
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 24 AM 7:30

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AND
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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.

1. Name of the limited liability company: First Coast Health Alliance, LLC

2. (a) Principal office address of limited liability company. (b) Mailing address of limited liability company. (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 400 Health Park Blvd. 400 Health Park Blvd. St. Augustine, FL 32086 St. Augustine, FL 32086

3. Date of filing/registration in Florida 05/01/2013 4. Document number LI3000044036

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Jill Berry Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 100 Health Park Boulevard, Suite 203 St. Augustine FL 32086

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Thomas William Young NEW Registered Office Address 3007 SW Williston Rd Ste 1120 Gainesville FL 32608

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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 of 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.

Signature of a member or authorized representative of member: Carlton DeVooght Printed or typed name of signee: Carlton DeVooght

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.

Signature of Registered Agent