

L180000072088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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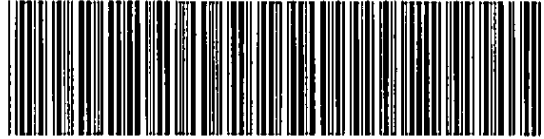
(Business Entity Name)

(Document Number)

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DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2019

AITOR GOYARROLA  
7421 CONROY WINDERMERE  
ORLANDO, FL 32835

SUBJECT: SUNSHINE PERINATOLOGY II, LLC  
Ref. Number: L18000072088

We have received your document for SUNSHINE PERINATOLOGY II, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 319A00020759

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: Sunshine Perinatology II, LLC

2. (a) 7421 Conroy Windermere (b) 1  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Orlando, FL 32835

03/20/2018

Date of filing registration in Florida

118000072088

Document number

5. (a) UPM Service Corp  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1501 Yamato Road  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 200 West  
Boca Raton, FL 33431

(b) Aitor Goyarrola  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7421 Conroy Windermere  
NEW Registered Office Address:

Orlando, FL 32835

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or 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]  
Signature of a member or authorized representative of a member

LAMA TOUJMAN MD  
Printed or typed name of signee

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]  
Signature of Registered Agent

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