

M19000003854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

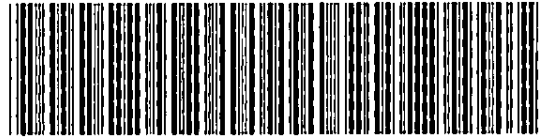
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Office of the Secretary of State
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10/14/20--01002--005 **55.00

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2020 OCT 16 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FL

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LLC CHANGE OF AGENT

DESTIN DEVELOPMENT MEDICAL PROPERTIES, LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESTIN DEVELOPMENT MEDICAL PROPERTIES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELLE ROBERTSON

Name of Person

REMEDY MEDICAL PROPERTIES, INC.

Firm/Company

800 W MADISON ST., SUITE 400

Address

CHICAGO, IL 60607

City/State and Zip Code

MROBERTSON@REMEDYMED.COM

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

For further information concerning this matter, please call:

MICHELLE ROBERTSON 312 872-4186
_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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: DESTIN DEVELOPMENT MEDICAL PROPERTIES, LLC

2. (a) 800 W Madison St., Suite 400

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Chicago, IL 60607

(b) _____

Mailing address of limited liability company

(Note: **MAY BE POST OFFICE BOX**)

3. 4-16-19

Date of filing/registration in Florida

4. M19000003854

Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

NRAI Services, Inc.

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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CLERK OF STATE
TALLAHASSEE, FL

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.

Peter Westmeyer
Signature of a member or authorized representative of a member

Peter Westmeyer

Printed or typed name of signer

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.

By: NRAI Services, Inc.

Signature of Registered Agent

Seanne Caswell, Asst. Secy.

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

FILING FEE: \$25.00