

A30434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

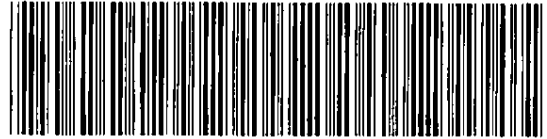
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500417127335

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 OCT 18 PM 12:40

RECEIVED
2023 OCT 18 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
10/18/23

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 061913 4342287

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : October 11, 2023

ORDER TIME : 2:43 PM

ORDER NO. : 061913-093

CUSTOMER NO: 4342287

CHANGE OF AGENT

NAME: MEDINVEST COMPANY LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

2023 OCT 18 PM 12:40
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MN MEDINVEST COMPANY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/30/1990

Date of filing/registration in Florida

3. A30434

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI SERVICES, INC

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Bill C. Cimi

Signature of General Partner

Bill Cimi, Vice President on behalf of JBGE/MEDINVEST, INC., General Partner

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.

Grace E. Kirby

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

2023 OCT 18 PM 12:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA