

8/19/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

PRIVATE From:
8/19/2020

Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: monica.walker@brooksrehab.org

**REGISTERED AGENT CHANGE
ST. AUGUSTINE MOB, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

2020 AUG 19 AM 11:58

2020 AUG 19 PM 2:06

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST. AUGUSTINE MOB, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A96000001018

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

Please return all correspondence concerning this matter to:

Monica Walker

Contact Person

St Augustine MOB, Ltd.

Firm/Company

3599 UNIVERSITY BLVD., SOUTH

Address

JACKSONVILLE, FL 32216

City, State and Zip Code

Monica.Walker@Brooksrehab.org

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

For further information concerning this matter, please call:

Kathy Clark

at (800) 567-4397

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**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. ST. AUGUSTINE MOB, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/30/1996

Date of filing/registration in Florida

3. A96000001018

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:

BAER, DOUGLAS M

Name

3599 UNIVERSITY BLVD., SOUTH

Address

JACKSONVILLE, FL 32216

City, State and Zip

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

URS AGENTS, LLC

Name

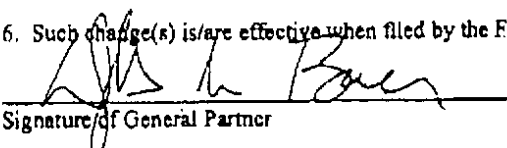
3458 Lakeshore Drive

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

Tallahassee FL 32312

City, State and Zip

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


Signature of 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 an accept the obligations of my position as registered agent.


Signature of Registered Agent

Kathy Clark, Assistant Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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