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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/3/22

NAME: UNIFIED WOMEN'S HEALTHCARE, LP

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 35.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

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

2022 MAY -3 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FL

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. UNIFIED WOMEN'S HEALTHCARE, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/12/2021

Date of filing/registration in Florida

3. B21000000151

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:

REGISTERED AGENT SOLUTIONS, INC.

Name

1501 YAMATO RD., STE. 200 WEST

Address

BOCA RATON, FL 33431

City, State and Zip

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

REGISTERED AGENT SOLUTIONS, INC.

Name

155 Office Plaza Dr.Suite A

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.

Brian Wright

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 and accept the obligations of my position as registered agent.

[Signature]

Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50