

F23 000002440

Florida Department of State
Division of Corporations
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H230001911683ABC*

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

FILED
2023 MAY 24 AM 9:05
TALLAHASSEE, FL

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

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2023 MAY 24 PM 2:32
TALLAHASSEE, FL

**REGISTERED AGENT CHANGE
CEP AMERICA - ANESTHESIA, CORPORATION**

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

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CEP AMERICA - ANESTHESIA CORPORATION
Name of Corporation

DOCUMENT NUMBER: F23000002440

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

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

5301 Southwest Pkwy Suite 400

Address

Austin, Texas 78735

City/State and Zip Code

FILED
2023 MAY 24 AM 9:05
TALLAHASSEE, FL

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (888)

705-7274

Area Code & Daytime Telephone Number

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

Mailing Address:

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

Street Address:

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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CEP AMERICA - ANESTHESIA, CORPORATION
2. The principal office address: 2100 POWELL STREET, SUITE 400
EMERYVILLE, CA 94608
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/13/2023 Document number: F23000002440
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

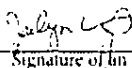
REGISTERED AGENT SOLUTIONS, INC.155 OFFICE PLAZA DR, SUITE ATALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.2894 Remington Green Ln. Ste. AP.O. Box NOT acceptableTallahassee, FL 32308

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Jaelyn Wright, Assistant Secretary of Registered Agent Solutions, Inc.

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

05/24/2023

Date

If signing on behalf of an entity:

Mackenzie Hibler, Assistant Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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