L01000005827

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
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Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

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

DATE: STATE:

7/19/2016 FLORIDA

REP UNIT:

NAPLES DAY SURGERY, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #27643 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

> ATTN: Secretary of State Division of Corporations P.O. Box 6327 Tallahassee FL 32314

COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	NAPLES DAY SURGERY, LLC				
_	Name of Lim	ited Liability Company			
Dear Sir or M	adam:				
The enclosed	Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please return a	all correspondence concerning this matter	to the following:			
Myra Simm					
	Name of Person				
Capitol Cor	rporate Services, Inc. (Registered	Agent Dept.)			
	Firm/Company				
PO Box 18	31				
	Address				
Austin, TX	78767				
	City/State and Zip Code				
E-mail a	ddress: (to be used for future annual repor	t notification)			
For further inf	formation concerning this matter, please ca	all:			
Myra Simm	nons at (800) 345-4647			
	Name of Person	Area Code & Daytime Telephone Number			
	EET/COURIER ADDRESS:	MAILING ADDRESS:			
	tration Section ion of Corporations	Registration Section Division of Corporations			
	on Building	P.O. Box 6327			
	Executive Center Circle	Tallahassee, Florida 32314			
	hassee, Florida 32301				
Enclosed is a check for the following amount:					
⊠ \$25	5 Filing Fee	\$55 Filing Fee & Certified Copy			
INHS18 (2/14)					

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 NAPLES DAY SURGERY, LLC 1. Name of the Limited Liability Company: (b) 1336 CREEKSIDE BLVD., SUITE 4 2. (a) 1336 CREEKSIDE BLVD., SUITE 4 Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) **NAPLES, FL 34108** NAPLES, FL 34108 L01000005827 4/16/2001 Date of filing/registration in Florida 3. Document number 5. (a) BUCKLEY, THOMAS C Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1336 CREEKSIDE BLVD., SUITE 4 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) **NAPLES** (b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 155 Office Plaza Dr Ste A **NEW Registered Office Address:** FL 32301 Tallahassee 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. Buchan **C** c Brokley MORAL Printed or typed name of signee Signature of a member or authorized representative of a member 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. Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

COVER LETTER

	sion of Corporations				
SUBJECT:	NAPLES DAY SURGER	Y, LLC			
Dear Sir or N		ame of Lin	nited Lia	ability Company	
an i	1D 14 1A 4D 14 1D	· ~ ~			
l he enclosed	d Registered Agent/Registered C	Mice Chan	ge and	fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter	to the f	ollowing:	
Myra Simi	mons				
	Name of Person			_	
Capitol Co	orporate Services, Inc. (R	anistara	d Ager	nt Dept \	
<u>Bupitor oc</u>	Firm/Company	<u>ogidioi o c</u>	1 / igci	В Сред	
DO D 4	004			•	
PO Box 18	831 Address				
	Address				
Austin, TX	C 78767				
	City/State and Zip Code	l		_	
E-mail	address: (to be used for future a	nnual repo	rt notific	cation)	
	nformation concerning this matter	•		,	
M Olass			000	045 4047	
Myra Simr	nons Name of Person	at (800	<u>345-4647</u>	
	Name of Person			Area Code & Daytime Telephone Number	
STR	EET/COURIER ADDRESS:			ILING ADDRESS:	
	stration Section		Registration Section		
	sion of Corporations		Division of Corporations		
	on Building		P.O. Box 6327		
	Executive Center Circle hassee, Florida 32301		1 ail	ahassee, Florida 32314	
Encl	osed is a check for the following	ng amount	:		
\boxtimes s	25 Filing Fee		\$5 5	5 Filing Fee & Certified Copy	
INHS18 (2/14)				

' STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Floria	ant to the provisions of sections 605.0114 or 605.011 its the following statement in order to change its re	6, Florida Statutes, the undersigned limited lia gistered office or registered agent, or both,	bility company in the State of
	nme of the Limited Liability Company: NAPLES DA	Y SURGERY, LLC	
2. (a)	1336 CREEKSIDE BLVD., SUITE 4	(b) 1336 CREEKSIDE BLVD., S	UITE 4
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liabili (<u>Note: MAY BE POST OFF)</u>	ty company:
	NAPLES, FL 34108	NAPLES, FL 34108	
	4/16/2001	<u>L01000005827</u>	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	BUCKLEY, THOMAS C		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State.	•
	1336 CREEKSIDE BLVD., SUITE 4		
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	74.
			*
	NAPLES , FI	_ 34108	
			16 JUL 26
(b)	Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered	LOGGo address	38E
	Enter hance of the W Registered Agent and of the W Registered	Office address.	
	155 Office Plaza Dr Ste A		
	NEW Registered Office Address:		MII:2
	Tallahassee , FI	32301	
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icicles of organization or the operating agreement of the	f the registered office and the business office of ability company, it is hereby confirmed that the of the limited liability company or as otherwise limited liability company.	the registered change(s)
<u></u>	Thom C Buelly	Monai c Buckley	
	sture of a member or authorized representative of a member	Printed or typed name of signed	
provis the ob to men	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, I ad in writing of this change.	ree to the inis capacity. I juriner agree to co performance of my duties, and I am familiarly d for in Chapter 605, F.S. Or, if this document hereby confirm that the limited liability compa	mpty with the vith and accept is being filed ny has been
Signat		e Case, Assistant Secretary on	
a i Ereati	benan	of Capitol Corporate Services, Inc.	
		Box 6327• Tallahassee, FL 32314 EE: \$25.00	