L02000028969

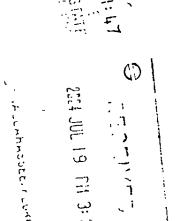
(F	Requestor's R	Name)	·
· · · · · · · · · · · · · · · · · · ·	(ddress)		
·			
4)	(ddress)		
(0	City/State/Zip	/Phone #)	<u> </u>
PICK-UP	v	V AIT	MAIL
(8	Business Ent	ity Name)	· · · · · · · · · · · · · · · · · · ·
1)	Document Nu	ımber)	
Certified Copies	Ce	ertificates of	Status
Special Instructions to F	ling Officer.		

Office Use Only



600433208806

LLC RA ERO



JUL**AQ** 2034 A RAMSEY CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext:

Date: 07/19/24 Order #: 1568819-1

Re: Night Lite Pediatric Center, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

auth

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 Florida.

1. N	ame of the limited liability company: NIGHT LITE	PEDIATRI	IC C	ENTER, I	LLC		<u></u>	
2. (a)		((b) _					
(_)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability co					
	1301 CONCORD TERRACE		1	301 CON	ICORD TERRACE	<u> </u>		
	SUNRISE, FL 33323		9	UNRISE,	, FL 33323			
	10/30/2002		L0	20000289	969			
3.	Date of filing/registration in Florida	4.	-]	Document number	•		-
5. (a)	•							
J. (a)	Registered Agent and Registered Office shown on the records	s of the Florid	da De	pt. of State	:			
	CT CORPORATION SYSTEM			•		1710	20:	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	 SS)			113	24 J	<u>-</u> -
	1200 S PINE ISLAND RD					20	JUL	1 {
	PLANTATION	.FL 33324				35 E	19 A	[];
		, · <u> </u>					AM 11: 47	\Box
(b)						53.	- -	
	Enter name of NEW Registered Agent and/or NEW Register	ered Office a	ddre	<u>ss</u> :		•	~	
	Corporation Service Company							
	NEW Registered Office Address:							
	1201 Hays Street							
	Tallahassee	_{Ex} 32301		_				
		FL						
agent v	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the control of	the register I liability cors rs of the lin	red c omp mited	office and any, it is I liability	the business office hereby confirmed company or as oth	e of the	e regis e chan	tered ge(s)
. /	s/ Craig Bloom	Cra	aig E	Bloom, Au	thorized Person			
-	Signature of a member or authorized representative of a member Printed or typed name of					_		
I here provisi the obl to mero notified	by accept the appointment as registered agent and cions of all statutes relative to the proper and completigations of my position as registered agent as proviely reflect a change in the registered office address, din writing of this change.	agree to ac ete perform ided for in (, I hereby c	t in in nance Chaj confi	this capac e of my di pter 605, rm that th	city. I further agre uties, and I am fan F.S. Or, if this do ne limited liability (e to co niliar w cumen compa	omply vith an t is bei ny has	with the d accept ing filed been
	Grace E. Kirby	<u>(</u>	Grad	ce E. Kir	by, Asst Vice Pro	esiden	<u>t</u>	
Signatu	re of Registered Agent							