L03000051474

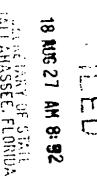
(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nai	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		
		L		

Office Use Only



200317431132

08/27/18--01027--023 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Park Center for to Name of	YbCedures LLC of Limited Liability Company	-
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Park Center for Procedu Firm/Company	ires, LLC	
8255 College Pkwy		18 205
Ft Myers, FL 336 City/State and Zip Code	SSEE FE	27 AM 8:
E-mail address: (to be used for future annual	report notification)	: 9 2
For further information concerning this matter, ple where the state of Person	ease call: at (<u>239</u>) <u>337-6808</u> Area Code & Daytime Telephone Numb	_ er
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following an	nount:	
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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

Pursua submits Florida	nt to the provisions of sections 605.0114 or 605.0116. F the following statement in order to change its regist	lorida . ered oj	Statutes, to fice or po	he undersigned limited liab gistered agent, or both, it	vility company n the State of
1. Na	me of the limited liability company:	les.	(or	Frocedures L	
	6755 A 12 Da	مرت ا	100	5 (10)h
2. (a)	Principal office address of limited liability company:	(b)	XOD	Mailing address of limited liability	Y company
	(Note: MUST BE STREET ADDRESS)		·	(Note: MAY BE POST OFFIC	
	Pt Myers IL 33919		Pt	Muers FL	33919
		•			•
		-		_	
	12/10/2003	_	LD:	300005 147	4
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Frey Michael E.				
	Registered Agent and Registered Office shown on the records of the	Florida D	ept. of State	- e:	
	8255 College Huy				
	Registered Office Address (MUST BE FLORIDA STREET ADI	DRESS)		₹. 	
	Suite 100			- 26	•
	Pt Muers E	33	919	(A)	وا بالمصوري المعاسم
	1/		,	J SEE	
(b)	Nicoe Waid			mo 3	
	Enter name of NEW Registered Agent and/or NEW Registered Of	fice addr	ess:)
	2390 Tamiani Trail	N		10 A	Š
	NEW Registered Office Address:				
	Devite 100			-	
	Naples ,FL	3	H02	Ò	
If the li	mited liability company is not organized under the laws	of the S	tate of Flo	orida, it is hereby confirmed	d that after
	nge or changes are <u>made</u> , the Florida street address of the fill be identical. Of in the case of a Florida limited liabil				
was/we	re authorized by an affirmative vote of the members of the	ie limit	ed liability	y company or as otherwise	provided in
the artic	cles of organization or the oberating agreement of the lin	nted ha	bility con	npany.	tc 11
Signat	ure of a member or authorized representative of a member	<u> </u>	ona	Printed or typed name of signee	
_	w accept the appointment as registered agent and agree	to act i	n this can	,,	
provision the oblicito mere	ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for ly reflect a change in the registered office address. I her I in writing of this change.	rformar or in Cl	ice of my a papter 605	duties, and Lam familiar wi 5. F.S Or, if this document	ith and accept is being filed

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

Signature of Registered Agent