

W5000067703
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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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20 SEP 21 AM 11:12
OFFICE OF CORPORATIONS

2020 SEP 21 PM 4:21

**LLC REGISTERED AGENT CHANGE
MSO HEALTH SYSTEMS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Y SULKE
SEP 22 2020

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. Name of the limited liability company: MISO HEALTH SYSTEMS, LLC

2. (a) 5200 BLUE LAGOON DRIVE (b) 5200 BLUE LAGOON DRIVE

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

SUITE 500

SUITE 500

MIAMI, FL 33126

MIAMI, FL 33126

07/11/2005

L05000067703

3. Date of filing/registration in Florida

4. Document number

5. (a) CABRERA, SUSY, ESQ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5200 BLUE LAGOON DRIVE

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

SUITE 500

MIAMI, FL 33126

(b) Corporate Creations Network Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

801 US Highway 1

NEW Registered Office Address:

North Palm Beach, FL 33408

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DIVISION OF CORPORATIONS
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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.

/s/ Caitlin Lazarus

Caitlin Lazarus, Attorney-in-Fact

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary

Signature of Registered Agent