L0600018161

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bt	usiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
·	·		

Office Use Only



100401247101

01/26/23--01020--030 **25.00

2023 JUN 26 AM II: 53



CT Corporation 28 Liberty St. New York, NY 10005

Phone (212) 894 8940 www.ct.wolterskluwer.com www.wolterskluwer.com

January 25, 2023

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

RE: Change of Agent for Service of Process for:

Florida Heart, Lung & Transplant Surger, P.L. Florida Transplant Institute PL Tampa Transplant Institute PL The Equitium Group, LLC World's Greatest Athletes, LLC

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named companies. Please be advised that the agent for service of process has been changed to: C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter per entity, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed are our checks for \$25.00 per entity to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Marie Hauer

1200

Agent Services Division

marie.hauer@wolterskluwer.com

Encl.

COVER LETTER

Division of Corporations THE EQUITIUM GROUP, LLC SUBJECT: Name 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 matter to the following: Marie Hauer Name of Person C T Corporation System Firm/Company 28 Liberty St. Address New York, NY 10005 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy INHS18 (2/14)

EL 015 7/17/2010 Walters I/III

TO:

Registration Section

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:THE EQUITION	M GROUP, LL	.C
2. (a)	1330 Avenue of the Americas	(b) _	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 23A	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10019		
	02/17/2006	L0	6000018161
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	CORPDIRECT AGENTS, INC		
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Road	ADDRESS)	
	Miami	L	2023
(b)	C T Corporation System		
(*/)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	HATTASSEE.FL
	NEW Registered Office Address:	_	
	1200 South Pine Island Road		- <u></u> - ω
	Plantation FI	L ³³³²⁴	
the cha agent was/w the art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register iability composition of the limited	ed office and the business office of the registered rany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob. to mer notifie 3y:]/	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 elv reflect a change in the registered office address. If a writing of this change. CT Comporation System MACT tree of Registered Agent	ree to act in 2 performanc ed for in Cha hereby confi	this capacity. I further agree to comply with the c of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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