

200416972342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

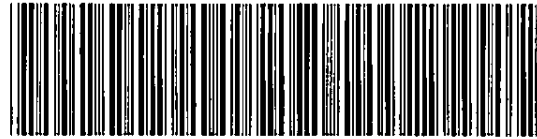
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

OCT 19 2023

Office Use Only



200416972342

23 OCT 18 AM 10:39
TALLAHASSEE, FLORIDA

RECEIVED
2023 OCT 18 AM 11:16
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 070532 8296666

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : October 17, 2023

ORDER TIME : 10:18 AM

ORDER NO. : 070532-020

CUSTOMER NO: 8296666

CHANGE OF AGENT

NAME: SURGERY CENTER OF CORAL GABLES
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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: SURGERY CENTER OF CORAL GABLES LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>1097 LE JEUNE ROAD SECOND FLOOR</u> <u>CORAL GABLES, FL 33134</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>7300 CORPORATE CENTER DRIVE SUITE 501</u> <u>MIAMI, FL 33126</u>
---	--

09/29/2006

L06000096067

3. 09/29/2006 Date of filing/registration in Florida 4. L06000096067 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Aran Correa & Guarch, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2100 Salzedo St Suite 303

Coral Gables, FL 33134

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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/ Phyllis Oppenheim

Phyllis Oppenheim, Authorized Person

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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

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

FILING FEE: \$25.00