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K. SALY NOV - 8 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: November 3, 2016

Order#: 344362/007

Re: FLORIDIAN EMERGENCY SPECIALISTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

INCA.XCOA

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.	Na	ame of the limited liability company: FLORIDIAN EMERGENCY SPECIALISTS, LLC					
2.	(a) .	5665 NEW NORTHSIDE DRIVE SU Principal office address of limited lia (Note: MUST BE STREET A	bility company:	_ (b)		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		ATLANTA	G/ 30328	-			
		06/25/2007		. -	L07000066		
3.		Date of filing/registration in	Florida	4.]	Document number	
5.	(a)	C T CORPORATION SYSTEM					
		Registered Agent and Registered Office show	wn on the records of the	e Florida	Dept. of State:	•	
		1200 SOUTH PINE ISLAND ROAD)			70 20 E	
		Registered Office Address (MUST BE F	LORIDA STREET AL	ODRESS)		TILE 2016 NOV -7 SECRETARY FALLAHASSE	
		PLANTATION	, FL	33324	· · · · · · · · · · · · · · · · · · ·	FILED PN 5: 51 CRETARY OF STATE LAHASSEE, FLORI	
	(b)	Corporation Service Company				STA 57	
	(-).	Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registered O</u>	office add	ress:	ATE ATE	
		1201 Hays Street					
		NEW Registered Office Address:					
		Tallahassee	CT	32301			
the age was	chaint w s/we	mited liability company is not organinge or changes are made, the Florida ill be identical. Or, in the case of a l	zed under the laws street address of the Florida limited liab of the members of	s of the s he regist pility con the limi	ered office npany, it is ted liability	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
		DX >		Dona		thorized Person	
I h pro the to n	ereb visio obli nere ified	or of a rember or indiorized representative by accept the appointment as register on so fall statutes relative to the properties of all statutes relative to the properties of my position as registered by reflect a change in the registered in writing of this change	ed agent and agree per and complete p agent as provided office address, I he	erforma for in C creby co	in this capa nce of my d hapter 605, nfirm that ti	Printed or typed name of signce city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been oct, Asst. Vice President	

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