

L08000063078

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRYDE
Account Number : 072731001155
Phone : (813) 253-2020
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****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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**LLC REGISTERED AGENT CHANGE
TAMPA MEDICAL PROPERTIES IX, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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J. SAULSBERRY
EXAMINER

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H10000241810

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Tampa Medical Properties IX, LLC

2. (a) Principal office address of limited liability company: 4730 N. Habana Avenue

☐ (Note: **MUST BE STREET ADDRESS**) Suite 204
Tampa, FL 33614

(b) Mailing address of limited liability company: same

☐ (Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida: 6/27/08 4. Document number: L08000063078

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

Registered Agent: CorpDirect Agents, Inc.

Registered Office Address: 515 E. Park Avenue
Tallahassee, FL 32301

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

NEW Registered Agent: David L. Kochie

NEW Registered Office Address: 801 Bayshore Boulevard
(MUST BE FLORIDA STREET ADDRESS) Suite 700
Tampa, FL 33606

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.

X.

Signature of a member or authorized representative of a member

Rodolfo Gari, Authorized Representative

Printed or typed name of signer

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 608, 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.

Signature of Registered Agent

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

FILING FEE: \$25.00

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