

L0900000 5252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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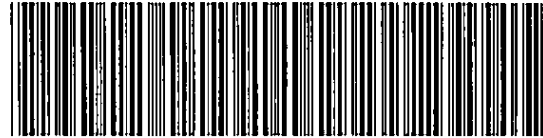
(Business Entity Name)

(Document Number)

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MAY 28 2020
C. MCKINLEY

**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: FIRST CITY HOSPITALISTS GROUP, PLLC

2. (a) (See below)

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8559 Gate Parkway West, Unit 1222

JACKSONVILLE, FL 32216

1/15/2009

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

8559 Gate Parkway West, Unit 1222

JACKSONVILLE, FL 32216

L09000005252

3. Date of filing/registration in Florida

4.

Document number

5. (a) Beverly A. Pascoe

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1301 RIVERPLACE BLVD, SUITE 1500

Jacksonville, FL 32207

5. (b) Beverly A. Pascoe

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

ORR COOK

NEW Registered Office Address:

818 A1A N., Suite 302

Ponte Vedra Beach, FL 32082

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.

[Signature]
Signature of a member or authorized representative of a member

JOHN PRIOLEAU
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.

[Signature]
Signature of Registered Agent

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