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ALLAHASSE FLORIDA

TOTAL VED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 1700.93 8183052
HORIZATION: THE PROPERTY OF THE PRO AUTHORIZATION

COST LIMIT :

ORDER DATE: December 5, 2023

ORDER TIME : 2:43 PM

ORDER NO. : 170093-022

CUSTOMER NO: 8183052

CHANGE OF AGENT

NAME: AVENTURA OB/GYN & ASSOCIATES

LLC

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CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

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.

. Na	ame of the limited liability company:	AVENTURA OB/	GYN & A	ASSOCIA [®]	TES, LLC
. (a)	21110 RISCAVNE ROULEVARD, STE 312		(b) 4010 W. Boy Scout Blvd, Suite 500		
()	Principal office address of limited lia (Note: MUST BE STREET A		_ (0	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33180		_	Tampa, I	FL 33607
	03/09/2009			L0900002	22874
	Date of filing/registration in	Florida	4.		Document number
. (a)	Rēgisterēd Agent and Registered Office show	vn on the records of th	e Flōrida	Dept. of Sta	<u></u>
	UPM Service Corp				_
	Registered Office Address (MUST BE F. 1501 YAMATO ROAD SUITE 200 V		<u>DDRESS</u>	1	
	BOCA RATON	E1 S	33431		73(
		, FL_			
(b)					
	Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registered C</u>	Office add	lress;	当
	Corporation Service Company				. <u>.</u>
	NEW Registered Office Address:				10
	1201 Hays Street				
	Tallahassee	FL. ³	32301		_
nange gent v as/we e arti	or changes are made, the Florida stre vill be identical. Or, in the case of a F ere authorized by an affirmative vote of icles of organization or the operating a	et address of the re Florida limited liab of the members of	egistere oility con the limi mited li	d office ar npany, it i ted liabili ability cor	orida, it is hereby confirmed that after the old the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany. orized Person
	Jill Cilmi ture of a member or authorized representative	of a member			Printed or typed name of signee
here rovisi e obl mere	by accept the appointment as registere ons of all statutes relative to the prop- igations of my position as registered of ely reflect a change in the registered of In writing of this change.	ed agent and agree er and complete po agent as provided j office address, I he	erforma for in C reby co.	nce of my hapter 60. nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
<u> </u>	Mars Convole	E. Kirby, Asst. Vi	ce Presi	dent	
ignatu	re of Registered Agent \				

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