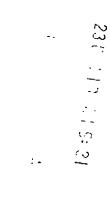
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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
<u> </u>						

Office Use Only



300419169483





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 170093 8183052

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2023

ORDER TIME : 9:13 AM

ORDER NO. : 170093-046

CUSTOMER NO: 8183052

CHANGE OF AGENT

NAME: DR. STEVEN MARK SILVERS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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.

1. N	Tame of the limited liability company: DR. STEVEN M	ARK S	ILV	ERS LLC	<u> </u>
2. (a)	4302 ALTON ROAD STE 460	1	(b)	4010 W.	. Boy Scout Blvd, Suite 500
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	MIAMI BEACH, FL 33140		_	Tampa,	FL 33607
		<u> </u>	~		
	03/26/2009	_	L	_0900002	29604
3.	Date of filing/registration in Florida	4.			Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of	the Flori	da D	Dept. of Sta	ate: -
	UPM Service Corp				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_
	1501 YAMATO ROAD SUITE 200 W				
	BOCA RATON	33431			
	, FL				
(1.)					ر مربر برمر
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	ress:	-
			4441	<u></u>	13
	Corporation Service Company				27
	NEW Registered Office Address:				_
	1201 Hays Street				- B
	Tallahassee, FL	32301			_
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register bility c f the lir	red om mite	office an pany, it i ed liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	/s/ Jill Cilmi	Jill	Cil	lmi, Autho	orized Person
Sign	ature of a member or authorized representative of a member				Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h ed in writing of this change.	ee to ac perforn I for in vereby c	t in iane Che conf	this cap ce of my apter 605 firm 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

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

Grace E. Kirby, Asst. Vice President