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LOG: 20080886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

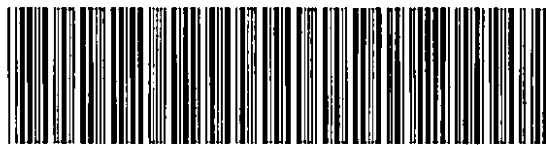
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 13 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 21, 2020

Order#: 345704/023

Re: BAPTIST SLEEP CENTERS, 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:Erika Zavala Daza
c/o Corporation Service Company
251 Little Falls Drive
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

SECRETARY OF STATE
TALLAHASSEE, FL

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**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.

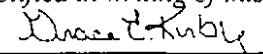
1. Name of the limited liability company: <u>BAPTIST SLEEP CENTERS, LLC</u>	
2. (a) <u>6855 RED ROAD SUITE 500</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>CORAL GABLES, FL 33143</u>	(b) <u>6855 RED ROAD SUITE 500</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>CORAL GABLES, FL 33143</u>
3. <u>08/21/2009</u> Date of filing/registration in Florida	4. <u>L09000080886</u> Document number
5. (a) <u>FRIEDMAN, DAVID RESQ.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>6855 RED ROAD SUITE 500</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>CORAL GABLES</u> , FL <u>33143</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee</u> , FL <u>32301</u>	

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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.

<u></u> Signature of a member or authorized representative of a member	<u>Jill Cilmi, Authorized Person</u> Printed or typed name of signee
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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 of Registered Agent
Grace E. Kirby, Asst. Vice President of Corporation Service Company

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