

L10000022043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

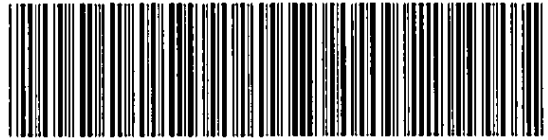
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

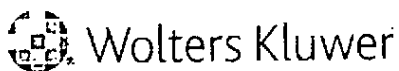
Office Use Only



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01/26/23--01020--032 **25.00

FILED
2023 JAN 26 AM 11:58
CLERK OF STATE
TALLAHASSEE, FL



CT Corporation
28 Liberty St.
New York, NY 10005

Phone (212) 894 8940
www.ct.wolterskluwer.com
www.wolterskluwer.com

January 25, 2023

Department of State - Division of Corporations
Amendment Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Change of Agent for Service of Process for:
Florida Heart, Lung & Transplant Surgeon, P.L.
Florida Transplant Institute PL
Tampa Transplant Institute PL
The Equitium Group, LLC
World's Greatest Athletes, LLC

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named companies. Please be advised that the agent for service of process has been changed to:
C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter per entity, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed are our checks for \$25.00 per entity to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

A handwritten signature in black ink, appearing to read "Marie Hauer", with a long horizontal flourish extending to the right.

Marie Hauer
Agent Services Division
marie.hauer@wolterskluwer.com

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA TRANSPLANT INSTITUTE PL

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie Hauer

Name of Person

C T Corporation System

Firm/Company

28 Liberty St.

Address

New York, NY 10005

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Hauer

212

894-8940

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: FLORIDA TRANSPLANT INSTITUTE PL

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

c/o Cedric Sheffield, 3415 Tambay Ave

Tampa, FL 33611-1500

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

c/o Cedric Sheffield, 16135 Emerald Estates Dr Unit 269

Weston, FL 33331-6128

02/26/2010

L10000022043

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPDIRECT AGENTS, INC

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Miami, FL 33324

(b) C T Corporation System

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.

C T Corporation System

Cedric Sheffield
Signature of a member or authorized representative of a member

Cedric Sheffield
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.

Matt
Signature of Registered Agent

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CLERK OF STATE
TALLAHASSEE, FL