

# L10000055658

\_\_\_\_\_  
(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



900398710429

FILED

2023 JAN 17 AM 9:29

RECEIVED

2023 JAN 17 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/16/2023

Name: Merritt Walker

Reference #: 1860238

Entity Name: MYRIAD MEDICAL, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: mw

# 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: MYRIAD MEDICAL, LLC
2. (a) 2202 N. WEST SHORE BLVD.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
SUITE 200  
TAMPA, FL 33607
- (b) 2202 N. WEST SHORE BLVD.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
SUITE 200  
TAMPA, FL 33607
3. 5/24/2010  
Date of filing/registration in Florida
4. L10000055658  
Document number
5. (a) PLATA, FERNANDO  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
15003 ROUNDUP DRIVE  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
TAMPA, FL 33624
- (b) COGENCY GLOBAL INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
115 North Calhoun Street, Suite 4  
NEW Registered Office Address:  
Tallahassee, FL 32301

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.

Fernando Plata

Signature of a member or authorized representative of a member

Fernando Plata

Printed or typed name of signer

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.

Antwan L. Smith, Esq.  
Signature of Registered Agent