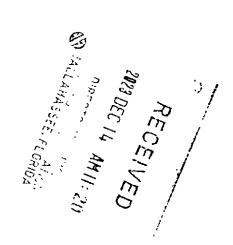
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	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
	,,				
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7.7 105 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE: 170093 8183052

AUTHORIZATION: 100 Ke man

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2023

ORDER TIME : 9:52 AM

ORDER NO. : 170093-141

CUSTOMER NO: 8183052

CHANGE OF AGENT

NAME: NAPLES OBGYN, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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	ame of the limited liability company: NAPLES OB-G	YN, LLC		
2. (a)	90 Cypress Way	a	4010 W.	Boy Scout Blvd, Suite 500
()	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NAPLES, FL 34110		Tampa, F	FL 33607
	06/02/2010	_	L1000005	8965
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
,, (w)	Registered Agent and Registered Office shown on the records of UPM Service Corp		a Dept. of Stat	te:
	Registered Office Address (MUST BE FLORIDA STREET) 1501 YAMATO ROAD SUITE 200 W	ADDRES:	2)	_
	BOCA RATON . FL	33431		7,
	, , ,	·		
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
	Corporation Service Company			
	NEW Registered Office Address:			<u>.</u>
	1201 Hays Street			
	Tallatanana	22204		
	Tallahassee, FL	32301		_
change igent v was/w	imited 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- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	ed office an impany, it is ited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	/s/ Jill Cilmi	Jill I	Cilmi, Autho	orized Person
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	perform I for in C iereby co	ance of my o Thapter 605 Onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
<u>, </u>	Inace C-Kuby Grace E. Kirby, Asst. Vice	Presider	ıt	
Signatu	re of Registered Agent			