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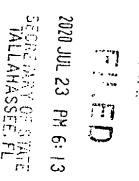
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D. BRUCE SEP 13 2020



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#: 345704/022

Re: BAPTIST SLEEP CENTERS OF SOUTH FLORIDA, LLC

Enclosed please find:

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



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.

2. (a)	6855 RED ROAD SUITE 600	(6855 RE	D ROAD SUITE 600
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33143	_ _	CORAL	GABLES, FL 33143
	10/08/2010		L1000010	5627
3 .	Date of filing/registration in Florida	4.		Document number
5. (a)	FRIEDMAN, DAVID R, ESQ.			
. (a)	Registered Agent and Registered Office shown on the records of 6855 RED ROAD SUITE 500	the Florid	a Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2020 SECI	
	CORAL GABLES . FI	33143		F 11. 2020 JUL 23 SECRETAR TALLAHA
(1.)				دونون الله الله الله الله الله الله الله الل
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	idress:	
	Corporation Service Company			T 3
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee, FI	32301	_	_
hange igent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lir	ed office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Zie E. Clenie	Jill ——	Cilmi, Auth	orized Person
I here provisi he obi o mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ee to ac perform d for in hereby c	t in this cap ance of my Chapter 60. onfirm that	Printed or typed name of signee 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