## 111000000518

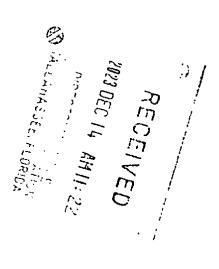
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
•	<b>,</b>	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B)	usiness Entity Name)	
· · ·	ocument Number)	
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rtified Copies	Certificates of	of Status
Special Instructions to Fili	ing Officer:	
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Office Use Only



800420344238

2023 DEC 14 PM 12: 40



R. HUNT 12/14/23 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 170093 . 8183

AUTHORIZATION : COLUMN TO THE TENTON

COST LIMIT : \$'25.00

ORDER DATE: December 5, 2023

ORDER TIME : 9:41 AM

ORDER NO. : 170093-102

CUSTOMER NO: 8183052

CHANGE OF AGENT

NAME: LAKE OBSTETRICS & GYNECOLOGY,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

2023 DEC | 4 PH | 2: L

## 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: LAKE OBSTET	TRICS & G	GYNECOLOGY, LLC
2. (a)	18450-C U.S. HIGHWAY 441	(h)	4010 W. Boy Scout Blvd, Suite 500
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MOUNT DORA, FL 32757		Tampa, FL 33607
	01/03/2011		L11000000518
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	a Dept. of State:
	UPM Service Corp		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	57
	1501 YAMATO ROAD SUITE 200 W		•
	BOCA RATON, F	33431 L	20
		•	Idress:
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	dress:
	Corporation Service Company		4 PM 12: 40
	NEW Registered Office Address:		2:1
	1201 Hays Street		
	Tallahassee	32301	
change agent v was/w	limited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered iability con of the limit	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) afted liability company or as otherwise provided in
	/s/ Jill Cilmi	Jill C	Cilmi, Authorized Person
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	e performan ed for in Cl hereby con	ance of my duties, and I am familiar with and acc Thapter 605, F.S. Or, if this document is being fil Infirm that the limited liability company has been
<u>X</u>	Mace E. Kirby, Asst. Vice	President	t
Signatu	re of Registered Agent		

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