## LII WOOLASI3

(	Requestor's Name)
	Address)
(,	Address)
((	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
_	
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
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Special Instructions to F	iling Officer:
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	120000000	195
REFERENCE	:	170093	8183052

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2023

ORDER TIME : 9:11 AM

ORDER NO. : 170093-033

CUSTOMER NO: 8183052

## CHANGE OF AGENT

NAME: CUALS MD, 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: CUALS MD, L	LC			
2. (a)	7000 SW 62 AVENUE SUITE 545A	(b) 4010 W.	(b) 4010 W. Boy Scout Blvd, Suite 500		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SOUTH MIAMI, FL 33143	Tampa,   	FL 33607		
		<del></del>			
	06/07/2011	L1100006	6513		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
(,	Registered Agent and Registered Office shown on the records	of the Florida Dept. of Stat	e:		
	UPM Service Corp		· N		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	3(		
	1501 YAMATO ROAD SUITE 200 W		,		
	BOCA RATON	33431	- - 3.		
			<del>-</del>		
(b)		·	· · · · · · · · · · · · · · · · · · ·		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	, S		
	Corporation Service Company				
	NEW Registered Office Address:		_		
	1201 Hays Street				
	Tallahassee I	FL_32301	_		
change agent v was/we	imited liability company is not organized under the lear or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registered office and liability company, it is s of the limited liability	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 Cilmi, Autho	Jill Cilmi, Authorized Person		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mere notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, it I in writing of this change.	gree to act in this cape te performance of my c led for in Chapter 605 I hereby confirm that i	acity. I further agree to comply with the htties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
7100	Grace E. Kirby, Asst. Vice President				

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

Signature of Registered Agent