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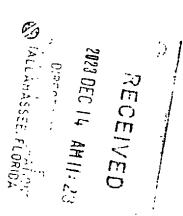
	(Requestor's Name)
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	☐ WAIT ☐ MAIL
LJ PICK-UP	WAIT MAIL
	(Business Entity Name)
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special Instructions to	Filing Officer:

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OLARIAN OL CORRESPITATION OLICORRESPITATION



R. HUNT 12/14/23 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000195			
	REFERENCE	:	17009312 \$ 18183052-			
	AUTHORIZATION	:				
	COST LIMIT	:	\$ 25.00			
ORDER DATE :	December 5, 2023	3				
ORDER TIME :	9:40 AM					
ORDER NO. :	170093-100			2023 E		
CUSTOMER NO:	8183052)EE 4		
	<u>CHANGE</u> OF A	AGEN	-	2023 DEC 14 PH 12: 40		
NAME: KHADRA OSMAN, MD OF FT. LAUDERDALE, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
	FIED COPY STAMPED COPY					
CONTACT PERSON	N: Eyliena Baker	:				
			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. Na	ame of the limited liability company: KHADRA OSM	IAN, MD	OF	 	UDERDALE, LLC
2. (a)	1625 S.E. 3RD AVENUE SUITE 400	((b) 4010 W. Boy Scout Blvd, Suite 500		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, -	l 1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FORT LAUDERDALE, FL 33316		-	Tampa,	FL 33607
			_		
	07/13/2011		L	1100008	80584
3.	Date of filing/registration in Florida	4.			Document number
5. (a)					_
	Registered Agent and Registered Office shown on the records of	Cthe Florid	la D	ept. of Sta	ate: -
	UPM Service Corp				_
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRES	<u>S)</u>		
	1501 YAMATO ROAD SUITE 200 W			<u> </u>	_
	BOCA RATON . FI	33431 L		ļ	202 202
				1	
(b)				<u> </u>	JIVISION OF C 2023 DEC 14
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	<u>ddr</u>	<u>ess:</u> 	₽ COP
	Corporation Service Company				BIVISION OF CORPORATION OF CORPORATION
	NEW Registered Office Address:			İ	2: 1
	1201 Hays Street				.
	Tallahassee	. 32301		,	·
	, Fl	L		1	_
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li cre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	registere ability co of the lim	ed omp nite	office ar pany, it i d liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	/s/ Jill Cilmi	Jill	Cile	mi, Auth	orized Person
_	ture of a member or authorized representative of a member			ı	Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and aging 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 if in writing of this change.	performe d for in C hereby co	anc Cho onf	this cap se of my apter 60, irm that	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
	re of Registered Agent Grace E. Kirby, Asst. Vice	President	1		

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