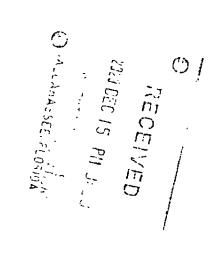
NIM .	
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special instructions to	Filing Officer:

Office Use Only



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50.50 ... S. C. J. 60.02



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 170093 8183052				
AUTHORIZATION ()				
COST LIMIT \$ 25.00 Mas				
ODDED DIED D				
ORDER DATE : December 5, 2023				
ORDER TIME : 11:57 AM				
ORDER NO. : 170093-162				
CUSTOMER NO: 8183052				
CHANGE OF AGENT				
NAME: PAVILION FOR WOMEN'S HEALTH AND WELLNESS, 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.

	Name of the limited liability company:		4010 W. Boy Scout Blvd, Suite 500	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI, FL 33175-8103	Т	ampa, FL 33607	
	07/14/2011	L1	1000080886	
3.	Date of filing/registration in Florida	- 4	Document number	
5. (a)				
<u>-</u> ` -	Régistered Agent and Registered Office shown on the records UPM Service Corp	of the Florida De	ept, of State:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	1501 YAMATO ROAD SUITE 200 W		2.7	
	BOCA RATON	33431 FL	2772 070	
		rı	•	
(b)			· · ·	
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addre		
	Corporation Service Company		(2) - 22 - 보기	
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	FL		
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street in the case of organization or the operating agreement of the case of organization or the operating agreement of the case of th	he registered liability com s of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in	
	/s/ JiH Cilmi	Jill Cil	mi, Authorized Person	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provis. the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address. d in writing of this change.	igree to act in de performan ded for in Ch I hereby conj	t this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	
χ	Grace E. Kirby, Asst. Vi	ce President		

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