L11000111H09

	(Requestor's Name)	
	(Kequesioi \$ Mairie)	
	(Address)	
	(City/State/Zip/Phone #)	
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PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of St	atus
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500420344185



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCO	ON TNUC	:	1200000019	95		
RI	EFERENCE	:	170093	8183052		
AUTHO	RIZATION	:	111	El man		
	ST LIMIT		(120, 1250, 200			
ORDER DATE : December	5, 2023					
ORDER TIME : 9:37 AM	1					
ORDER NO. : 170093-0	96				,	
CUSTOMER NO: 81830	052				-	
	. 					
CHANGE OF AGENT					:	
					_)	
NAME: JACKSONVILLE CENTER FOR REPRODUCTIVE MEDICINE, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT DEDCOM. E-14-	ana Dalaa-		EVT#			
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:	E CENT	ER FOR RE	EPRODUCTIVE MEDICINE, LLC	
2. (a)	1501 Yamato Rd, Suite 200W		(b) 4010 W. Boy Scout Blvd, Suite 500,		
2. (a)	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)	
	Boca Raton, FL 33431	_	Tampa, I	FL 33607	
	10/13/2011		L1100011	7409	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a))				
J. (1-)	Registered Agent and Registered Office shown on the records of UPM Service Corp	the Flori	da Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET.	-			
	1501 YAMATO ROAD SUITE 200 W				
	BOCA RATON	33431		_	
	. FL			_	
(b)					
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		
	Commention Comments Comments			7. 1)	
	Corporation Service Company			_	
	NEW Registered Office Address:				
	1201 Hays Street			_	
	Tallahassee , FL	32301			
change agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the lif limited	red office an company, it i mited liabilit liability cor	od the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
	/s/ Jill Cilmi	JII	Cilmi, Autho	orized Person	
_	ature of a member or authorized representative of a member		a to also	Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I l d in writing of this change.	ee to ac perforn d for in vereby c	t in this cap nance of my Chapter 602 confirm that	acity. 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	
Signate	Grace E. Kirby, Asst. Vice P	residen	t		