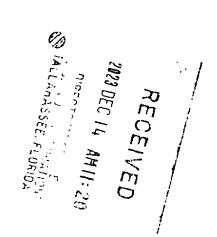
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<del></del>	(Requestor's Name)			
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PICK-UP	WAIT MAIL			
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	(Business Entity Name)			
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Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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Office Use Only



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CORPORATION SERVICE COMPANY

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

	ACCOUNT NO.	: I2000000195			
	REFERENCE	: 170093 8183052			
	AUTHORIZATION	circicale ma	ر.		
	COST LIMIT	/ P\	;		
ORDER DATE :	December 5, 2023		dred		
ORDER TIME :	9:35 AM		•		
ORDER NO. :	170093-087				
CUSTOMER NO:	8183052		Э		
CHANGE OF AGENT					
NAME:	GYNECOLOGICAL LLC	SPECIALTY CARE,			
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILING:			
	FIED COPY STAMPED COPY				
CONTACT PERSO	N: 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. 1	Name of the limited liability company: GYNECOLOGIC	CAL SPECIAL	TY CARE, LLC
2. (a	1725 E HWY 50 SUITE B	(b)	
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	("/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CLERMONT, FL 34711		
	10/20/2011	L110	000119916
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Registered Agent and Registered Office shown on the records of UPM SERVICE CORP.		of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1501 YAMATO ROAD SUITE 200 W		
	BOCA RATON	33431	
	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company	Office address:	
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, FL	32301	
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered offi ability compan of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	/s/ Jill Cilmi	Jill Cilmi,	Authorized Person
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. I he ed in writing of this change.	performance of I for in Chapte vereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
Signa	Grace E. Kirby, Asst. Vice P ture of Registered Agent	resident	