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

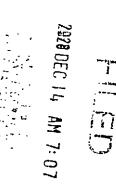
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JAN 2 6 2021 S. YOUNG



COVER LETTER

Registration Section TO: Division of Corporations MSMC NEONATOLOGY, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: VALERIE YAP Name of Person MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC. Firm/Company 4300 ALTON ROAD, WARNER BLDG, 5TH, FLOOR Address MIAMI BEACH, FL 33140 City/State and Zip Code VALERIE.YAP@MSMC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VALERIE YAP 305 674-2089

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

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: MSMC NEONAT	000	1, LLC	.		. .	-
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 4300 ALTON ROAD, WARNER BLDG, 5TH FLOOR		1	Mailing address of (Note: MAY B)	ling address of limited liability company: Note: MAY BE POST OFFICE BOX I ROAD, WARNER BLDG, 5TH FLOOR		
	MIAMI BEACH, FL 33140	_	MIAMI BI	EACH, FL 33140			
	12/5/2012		L120001523	321			
3.	Date of filing/registration in Florida	4.		Document nui	nber		
5. (a	Registered Agent and Registered Office shown on the records of t PRISCILLA FRIENDLAND	he Flori	da Dept. of State	_ v: _			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
	4300 ALTON ROAD, WARNER BLDG, 5TH FLOOR			_		1320	
	MIAMI BEACH FL	33140		_	= -	1 330 DEC	- 25 % - 1 - 1 - 1
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddress:	-	d , , , , , ,	14 AM 7:07	, 1 ! , 2249
	VALERIE YAP			_			
	NEW Registered Office Address: 4300 ALTON ROAD, WARNER BLDG, 5TH FLOOR						
	MIAMI BEACH , FL	33140		-			
chang agent was/w the ar Sign I herr provise the object to metion of the control	limited liability company is not organized under the law e 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 ature of a member or authorized representative of a member who accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I have a morning of this change	registe bility of f the li limited	red office and company, it is mitted liability company. It is the company of the	d the business of the hereby confirmed or typed	office of the med that as otherwas otherwas of signame of signames to	the regist the charies provents of the charies provents of the charies of the cha	stered ige(s) ided in with the