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| (Re | equestor's Name) | |
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| (Ac | ddress) | |
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| (Ci | ity/State/Zip/Phone #) | |
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| PICK-UP | WAIT | MAIL |
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| (Bu | usiness Entity Name) | |
| , | • • | |
| (De | ocument Number) | |
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| rtified Copies | Certificates o | of Status |
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| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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SULT SUPPLY TO BE SUPPLY OF SUPPLY SU



R. HUNT

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

| ACCOUNT NO. : 12000000195 |
|--|
| REFERENCE : 170093 8183052 |
| AUTHORIZATION : |
| COST LIMIT : \$ 35.00 |
| ORDER DATE : December 5, 2023 |
| ORDER TIME : 9:44 AM ORDER NO. : 170093-136 |
| ORDER NO. : 170093-136 |
| CUSTOMER NO: 8183052 |
| 70 |
| ORDER NO. : 170093-136 CUSTOMER NO: 8183052 CHANGE OF AGENT CHANGE OF AGENT |
| NAME: MIAMI BEACH OB/GYN ASSOCIATES, 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.

| 2 () | 1801 NE 123RD Street Suite 409 | /1 | | 4010 W | . Boy Scout Blvd, Suite 500 | | |
|-------------------------------|---|--|--------------------------|---|---|---|--------------------------------|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ([| o) _ | _ | Mailing address of limited liabil (Note: MAY BE POST OFF | | - |
| | MIAMI BEACH, FL 33181 | | | Tampa, | FL 33607 | | |
| | - | _ | - | | •• • | | |
| | | _ | - | · - · | · · | | |
| | 01/10/2013 | | L | 130000 | 05164 | | |
| 3. | Date of filing/registration in Florida | 4. | | ı | Document number | | |
| 5. (a) | | | | | | | |
| , | Registered Agent and Registered Office shown on the records of th | e Florid | a De | pt. of St | ate: | | |
| | UPM Service Corp | | | | _ | | |
| | Registered Office Address (MUST BE FLORIDA STREET AL | DDRES! | <u>57</u> | 1 | | | |
| | 1501 YAMATO ROAD SUITE 200 W | | | | | D.3 | 0 |
| | BOCA RATON | 33431 | | ī | _ | 2023 | ŠĮĀ |
| | | | | ī | _ | 8 | 25. 25. 25. |
| (b) | | | | 1 | | = | 묶종 |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered C |)flice ad | dre | <u>ss</u> : | _ | + | 0.0 |
| | | | | 1 | | PHF | - ES |
| | Corporation Service Company | | | 1 | | 3 | |
| | NEW Registered Office Address: | | | | | Ö | 7 |
| | 1201 Hays Street | | | | | | |
| | | _ | | | _ | | |
| | Tallahassee | 32301 | | | _ | | |
| change agent v was/we | imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabers. | egistere ility co the lim | ed o mp iite | office ar any, it d liabili | nd the business office of the is hereby confirmed that the ity company or as otherwise | registere change(| ed s) |
| | /s/ Jill Cilmi | Jill (| Cilr | ni, Auth | orized Person | | |
| Signa | ture of a member or authorized representative of a member | | - | | Printed or typed name of signe | e | |
| provisi the obl to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided pelv reflect a change in the registered office address, I he I'm writing of this change. | e to act erforma for in C reby co | in inc iha infi | this cap e of my pter 60 rm that | oacity. I further agree to co duties, and I am familiar w 5, F.S. Or, if this document the limited liability compa | mply with ith and a is being iy has be | h the sccept filed en |

Signature of Registered Agent