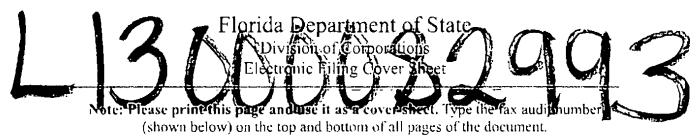
11/14/23, 11:41 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : I20090000069 Phone : (800)277-9977 Fax Number : (800)815-0477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: plowden@cartoofields.com

LLC REGISTERED AGENT CHANGE JUPITER MEDICAL SPECIALISTS, LLC

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M. SOLOMON

NOV 15 2023

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Help

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COVER LETTER

	Registration Section Division of Corporations				
SUBJE					
	Name of	Limited Liability Company			
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this ma	tter to the following:			
Jackie B	cancet and Dale Hocking				
	Name of Person				
Jupiter N	dedical Center, Inc.			207	
	Firm/Company			2023 NOV 14	
1210 S. I	Dixie Highway		·;;`	<u>~</u>	-
	Address	· · · · · · · · · · · · · · · · · · · 	• • • • • • • • • • • • • • • • • • • •	F	[
Jupiter, l	FL 33458		155 255 255	19:04	
	City/State and Zip Code		3.7	40	
plowden	@carltonfields.com; jackie.bennett@jupitermed	.com; dhacking			
E-1	mail address: (to be used for future annual re	eport notification)			
For furtl	ner information concerning this matter, pleas	se call:			
	Peggi Lowden at Name of Person	(813) 229-4353 Area Code & Daytime Telephone Number	r.		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amo	unt:			
	□ \$25 Filing Fee	☐ \$55 Filing Fce & Certified Copy			
INHS18	(2/14)				

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(((H230003937743)))

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.

(4)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of lim	ited liability company: UST OFFICE BOX)
	1210 S. Dixie Highway	121	0 S. Dixic Highway	
	Jupiter, F1, 33458		iter, FL 33458	
	06/07/2013	L130	00082993	
	Date of fiting/registration in Florida	4.	Document numbe	St.
(a)				
(n)	Registered Agent and Registered Office shown on the records of Corporation Service Company	of the Florida Dept	. of State;	
	Registered Office Address (MUST BE FLORIDA STREET	[ADDRESS]		
	1201 Hays St			. 53
	Tallahassee, F			023
	, F	'L	·	· 8
(b)	Enter name of NEW Registered Agent and/or NEW Registers			71 40N E202
	finier name of NEW Registered Agent and/or NEW Registere	ed Office address:		
	NRAI Services, Inc.			A A A
	NEW Registered Office Address:		*****	3.7% 9.0%
	1200 South Pine Island Road			
	Plantation , F	H. 13304		
nngc ont w s/wc	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cless of organization or the operating agreement of the fill	ne registered off liability compar of the limited l	ice and the business offi ny, it is hereby confirmed liability company or as o ty company.	ce of the registered d that the change(s) therwise provided in
igual	ure of a member or authorized representative of a member		Printed or typed nau	ne of signee
lerel	ny accept the appointment as registered agent and as ons of all statules relative to the proper and completi igations of my position as registered agent as provid ify reflect a change in the registered office address, i	gree to act in the	is capacity. I further ago	ree to comply with the

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