

11/14/23, 11:41 AM

Division of Corporations

L13000082993

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000393774 3)))



H230003937743ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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@cartonfields.com

**LLC REGISTERED AGENT CHANGE
JUPITER MEDICAL SPECIALISTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

NOV 15 2023

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000393774 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change Registered Agent

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:

Jackie Bennett and Dale Hocking

Name of Person

Jupiter Medical Center, Inc.

Firm/Company

1210 S. Dixie Highway

Address

Jupiter, FL 33458

City/State and Zip Code

plowden@carltonfields.com; jackie.bennett@jupitermed.com; dhocking

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggi Lowden

Name of Person

at (813) 229-4353

Area Code & Daytime Telephone Number

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

(((H23000393774 3)))

2023 NOV 14 AM 9:04

FILED

(((H23000393774 3)))

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. Name of the limited liability company: Jupiter Medical Specialists, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1210 S. Dixie Highway

Jupiter, FL 33458

06/07/2013

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1210 S. Dixie Highway

Jupiter, FL 33458

LI13000082993

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Corporation Service Company

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 Hays St

Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NRAI Services, Inc.

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Date Hocking

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Madison Baker - Assistant Secretary
Signature of Registered Agent

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

FILING FEE: \$25.00

IN1518 (2/14)

(((H23000393774 3)))

2023 NOV 14 AM 9:04

FILED