

L 13000 107599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

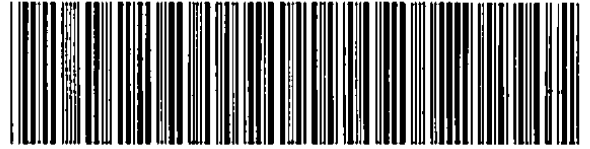
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300332765823

08/14/14 -01120--001 **320.00

2014 AUG 14 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 20 2014
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI CHILDREN'S HOSPITAL AMBULATORY SURGERY CENTER, LLC
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:

JODI LAURENCE

Name of Person

MIAMI CHILDREN'S HEALTH SYSTEM, INC.

Firm/Company

3100 SW 62 AVENUE

Address

MIAMI, FL 33155

City/State and Zip Code

corporate.governance@nicklaushealth.org

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

For further information concerning this matter, please call:

Josee Chin

at (786) 624-5585

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2018 AUG 14 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: MIAMI CHILDREN'S HOSPITAL AMBULATORY SURGERY CI

2. (a) 800 SW 108 AVENUE (b) 3100 SW 62 AVENUE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33174

MIAMI, FL 33155

07/30/2013

L13000107599

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

5. (a) APRIL ANDREWS-SINGH

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3100 SW 62 AVENUE

MIAMI, FL 33155

(b) MIAMI CHILDREN'S HEALTH SYSTEM, INC.

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

C/O LEGAL DEPT.

NEW Registered Office Address:

3100 SW 62 AVENUE

MIAMI, FL 33155

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.

Jodi Laurence
Signature of a member or authorized representative of a member

Jodi Laurence
Printed or typed name of signee

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.

Jodi Laurence
Signature of Registered Agent

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

FILING FEE: \$25.00