

L13000108354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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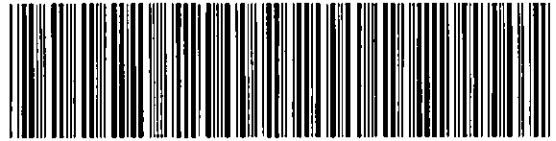
(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: 120000000088

Date: **November 16, 2021**

Name: **KEN HOWELL**

Reference #: **1523572**

Entity Name: **HEALTH SERVICES MANAGEMENT GROUP USA, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ **Change of Agent**

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

KEN:

518-213-0738

Authorized Amount: **\$25.00**

Signature: _____

• **CORPORATE HQ**
COGENCY GLOBAL INC
10 E 40 ST 10 FL
NY NY 10016
800.271.0102
+1.212.947.7200

• **EUROPEAN HQ**
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
16 BEVIS MARKS, 1/F
LONDON EC3A 7BA
+44 (0)20.3786.1090

• **ASIA PACIFIC HQ**
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12/F
198 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

**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: HEALTH SERVICES MANAGEMENT GROUP USA, LLC

2. (a) 13759 Saxon Lake Dr. (b) 13759 Saxon Lake Dr.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Jacksonville FL 32225

Jacksonville FL 32225

3. July 31, 2013 4. L13000108354
Date of filing/registration in Florida Document number

5. (a) RezLegal, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

816 A1A North

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 204

Ponte Vedra Beach, FL 32082

(b) COGENCY GLOBAL INC.

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

115 North Calhoun St., Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

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TALLAHASSEE, FL

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.

/s/ Jaime J Aleman

Jaime J Aleman, M.D.

Signature of a member or authorized representative of a member

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.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary

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

FILING FEE: \$25.00