

7/2021

Division of Corporations

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FL

LLC REGISTERED AGENT CHANGE
CARE PARTNERS CLINICAL RESEARCH, LLC

| | |
|-----------------------|---------|
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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.

Care Partners Clinical Research, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

6520 FORT CAROLINE ROAD

JACKSONVILLE, FL 32277-2042

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

6520 FORT CAROLINE ROAD

JACKSONVILLE, FL 32277-2042

12/09/2013

L13000169509

3. Date of filing/registration in Florida

DYER-TYLER, DANIELLE J

4.

Document number

5. (a)

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6520 FORT CAROLINE ROAD

JACKSONVILLE

32277-2042

FL

C T Corporation System

(b)

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation

33324

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.

Leslie Prizant

Leslie Prizant

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.

By: C T Corporation System

Signature of Registered Agent

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

FILING FEE: \$25.00