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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: IPG Anesthesia, LLC			
Name	of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Richard Gutierrez			
Name of Person			
IPG Anesthesia, LLC			
Firm/Company			
339 Ranch Rd			
Address			
Tarpon Springs, FL 34688			
City/State and Zip Code			
richgut76@gmail.com			
E-mail address: (to be used for future annua	al report notification)		
For further information concerning this matter, p	lease call:		
Richard Gutierrez	407 497-3394		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following a	mount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

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. N	Tame of the limited liability company: IPG Anest	hesia, LLC			
	Principal office address of limited liability company:			of limited liability company:	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	of limited liability company: BE POST OFFICE BOX)	
	339 Ranch Rd		339 Ranch Rd		
	Tarpon Springs, FL 34688	·····	Tarpon Springs, FL	. 34688	
	01/02/2014	L	.14000000568		
3.	Date of filing/registration in Florida	4.	Document nu	umber	
5. (a)				
`	Registered Agent and Registered Office shown on the record Richard Gutierrez	s of the Florida I	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STRE	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		芸術 古	
	1141 Darlington Oak Dr NE				
	St Petersburg	, _{FL} 33703		全位 70 mm	
					•
(b)	Enter name of NEW Registered Agent and/or NEW Registered	arad Office add	*A86*	PH 3: 18	
	Enter hank of NEW Registered Agent almol NEW Regist	eren Omice addi	Cos.	3: 1 8	
	Richard Gutierrez			D	
	NEW Registered Office Address:				
	339 Ranch Rd				
	Tarpon Springs	, FL 34688			
the chagent was/w the ar	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	s of the registed liability concers of the limited liability	ered office and the busin pany, it is hereby conf ed liability company or ability company. ard Gutierrez	iness office of the register irmed that the change(s) r as otherwise provided in	
-	ature of a member or authorized representative of a member			ed name of signee	
provis the ob to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and completions of my position as registered agent as proverly reflect a change in the registered office addressed in writing of this change.	agree to act i lete performa vided for in Cl s, I hereby con	n this capacity. I furthence of my duties, and I enapter 605, F.S. Or, if infirm that the limited lic	er agree to comply with to am familiar with and acco this document is being filo ability company has been	he ep ed
Signat	ture of Registered Agent				
	Division of Corporations P.	O. Box 6327	Tallahassee, FL 3231	4	