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(FAX) Division of Corporations

P. 801/802

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cpatten@aegismedicalgroup.com

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
AEGIS MEDICAL GROUP, LLC

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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.

1. Name of the limited liability company: AEGIS MEDICAL GROUP, LLC
2. (a) 18550 U.S. HIGHWAY 441
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE A
MOUNT DORA, FL 32757
- (b) 18550 U.S. HIGHWAY 441
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE A
MOUNT DORA, FL 32757
3. 02/11/2014
Date of filing/registration in Florida
4. L14000023879
Document number
5. (a) CF Registered Agent, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
100 S. Ashley Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 400
TAMPA, FL 33602
- (b) NRAI Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1200 SOUTH PINE ISLAND RD
NEW Registered Office Address:
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

Sidney W. Morgan
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.

By: Natalie Leiba - Paul
Signature of Registered Agent
Natalie Leiba-Paul - Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

NH518 (2/14)

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