

LA000056129

(Requestor's Name)

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(Business Entity Name)

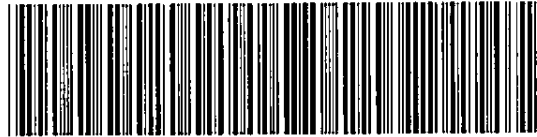
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CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 10/03/2025

Acc#I20160000072

en: e 15/11

Name:	CRH ANESTHESIA OF FLORIDA, LLC
Document #:	
Order #:	16433346

Certified Copy of Arts & Amend:	☐		
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Thank you!

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: CRH ANESTHESIA OF FLORIDA, LLC

2. (a) 3414 PEACHTREE RD NE (b) 3414 PEACHTREE RD NE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Suite 340 Suite 340
ATLANTA, GA 30326 ATLANTA, GA 30326

3. 04/07/2014 4. 1.14000056129
Date of filing/registration in Florida Document number

5. (a) BLALOCK WALTERS, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
802 11TH ST W

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
BRADENTON, FL 34205

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road
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.

Jay Kreger
Signature of a member or authorized representative of a member

Jay Kreger
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.

C T Corporation System
By: SEAN L. EMERICK, ASSISTANT SECRETARY Sean L. Emerick
Signature of Registered Agent

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

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