

10/28/22, 1:34 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
L1400008961

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003701173)))



H220003701173ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet

To:

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

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

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

Email Address: _____

**LLC REGISTERED AGENT CHANGE
 MIAMI SURGICAL SUITES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2022 OCT 28 PM 2:37

2022 OCT 28 PM 2:37

2022 OCT 28 PM 2:37

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 31 2022
 K. Brumley

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: MIAMI SURGICAL SUITES LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

9035 Sunset Drive Suite 200 SUITE 200

Miami, FL 33173

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

9035 Sunset Drive Suite 200 SUITE 200

Miami, FL 33173

06/04/2014

L14000089961

3. Date of filing/registration in Florida

4. Document number

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

MARIA FLEGO, NURSE ADMINISTRATOR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9035 SUNSET DRIVE, SUITE 200 UNIT 200

MIAMI, FL 33173

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

C.T. Corporation System

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.

/s/ Tracy Kellner

Tracy Kellner

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: /s/ Michele Holden

Signature of Registered Agent

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

APPROVED
AND
FILED
2022 OCT 28 PM 2:38
TALLAHASSEE, FLORIDA
STATE DEPT. OF REVENUE