11/6/23, 4:21 PM

Division of Corporations



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ू LLC REGISTERED AGENT CHANGE IN STREET OF MIAMI BEACH PRACTICE MANAGEMENT, LL€

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To: , . . Page: 3 of 3 2023-11-06 15:24:40 CST 16144554862 From: James Tanks

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.

MAIN STREET OF MIAMI BEACH PRACTICE MANAGEMENT, LLC

. Na	me of the limited liability company:				
. (a)	6240 LAKE OSPREY DRIVE	(b) 6240 LAKE OSPREY DRIVE			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SARASOTA, FL 34240	- -	SARASO'	ΓA, FL 34240	
	08/29/2014		L14000135	843	
	Date of filing/registration in Florida	4.		Document number	
(a)	RUSSELL ALLEN				
	Registered Agent and Registered Office shown on the records of the 6240 LAKE OSPREY DRIVE Registered Office Address (MUST BE FLORIDA STREET ALL)	. .			
	SARASOTA , FL.	- 2			
(b) _	C T Corporation System	023			
	Enter name of NEW Registered Agent and/or NEW Registered C	2023 Non-16 PM			
	NEW Registered Office Address:		-		
	1200 South Pine Island Road	_ .			
	Plantation , FL	3324		_	
e cha gent w as/we	mited liability company is not organized under the law- inge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab ire authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility of the linited	istered offic company, it i nited liabilit liability con	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in upany.	
	্রিটের (প্রায়ন্ত Signature of a member or authorized representative of a member			EC, MANAGER	
hereb rovisione obli mere	over a member of authorized representative of a member	e to ac perform for in ereby	et in this cap nance of my Chapter 60: confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and access. F.S. Or, if this document is being file the limited liability company has been	