

L15000178917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

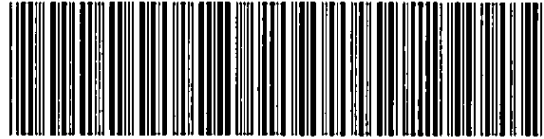
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DEPARTMENT OF  
CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 170093 8183052

AUTHORIZATION



COST LIMIT : \$ 25.00

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ORDER DATE : December 5, 2023

ORDER TIME : 9:28 AM

ORDER NO. : 170093-182

CUSTOMER NO: 8183052  
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CHANGE OF AGENT

NAME: SUNSET OB-GYN ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**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: SUNSET OB-GYN ASSOCIATES, LLC
2. (a) 7374 SW 93RD AVE SUITE 204  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
MIAMI, FL 33173
- (b) 4010 W. Boy Scout Blvd, Suite 500  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Tampa, FL 33607
3. 10/21/2015  
Date of filing/registration in Florida
4. L15000178917  
Document number
5. (a) UPM SERVICE CORP.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
1501 YAMATO ROAD, STE. 200 WEST  
BOCA RATON, FL 33431
- (b) Corporation Service Company  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW** Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

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/ Jill Cilmi

Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person

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.*

Grace E. Kirby  
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President