L16000078745

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	

Office Use Only



500420344005

2023 DEC 14 PM 1: 19



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

41

ACCOUNT NO. : 12000000195							
REFERENCE : 170093 8183052							
AUTHORIZATION:							
COST LIMIT : \$ 25.0							
ORDER DATE : December 5, 2023							
ORDER TIME : 9:31 AM							
ORDER NO. : 170093-063							
CUSTOMER NO: 8183052							
CHANGE OF AGENT							
NAME: FRANK JAMES ANDRES, MD, II 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. N	lame of the limited liability company: FRANK JAME:	S ANDRES,	MD II, LLC)			
2. (a)	1501 YAMATO ROAD, SUITE 200 W						
<u>-</u> , (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(~).	M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	BOCA RATON, FL 33431	-	Tampa, FL	. 33607			
	04/21/2016	L	.16000078	745			
3.	Date of filing/registration in Florida	4.	I	Document nui	mber		
5. (a)						
J. (a	Registered Agent and Registered Office shown on the records o	of the Florida D	ept, of State:	:			
	UPM SERVICE CORP.						
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)					
	1501 YAMATO ROAD, STE. 200 WEST						
	BOCA RATON	33431			 1	2	
	,,					2023 OEC	
(b)	·				HA	99	
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addr	ess:		ASS	=	
	Corporation Service Company				ALAKY OF STATE	골	
	NEW Registered Office Address:				2 S : A	=	\cup
	1201 Hays Street				(IDA	9	
	Tallahassee	L_32301					
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ability of the statement of t	aws of the Stee registered iability com of the limited lial	office and pany, it is ed liability pility comp	the business hereby confir company or a	office of t	the reg the cha	istered ange(s)
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee			
provis the ob to mei	eby accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide ely reflect a change in the registered office address, I ad in writing of this change.	e performan ed for in Che hereby conj	ce of my di apter 605, irm that th	eity. I further uties, and I an F.S. Or, if th ue limited liab	agree to n familiar nis docume pility comp	comply with a series to the contract of the co	y with the and accept being filed as been
	naee C-Kuble Grace E. Kirby, Asst. V ure of Registered Agent	ice Presider	t				

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