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To:
Division of Corporations
Fax Number : (850) 617-6333

From:
Account Name : CARLTON FIELDS
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Phone : (813) 223-7000
Fax Number : (813) 229-4133

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

Email Address: Karen.davila@jupitermed.com

**LLC REGISTERED AGENT CHANGE
JUPITER HEALTH MANAGEMENT SERVICES, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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MAR 06 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jupiter Health Management Services, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Davila, General Counsel

Name of Person

Jupiter Health, Inc.

Firm/Company

1210 S. Old Dixie Hwy

Address

Jupiter, FL 33458

City/State and Zip Code

karen.davila@jupitermed.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Davila

at (561) 263-3720

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: Jupiter Health Management Services, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1210 S. Old Dixie Hwy
Jupiter, FL 33458

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1210 S. Old Dixie Hwy
Jupiter, FL 33458

3. 04/26/2016 Date of filing/registration in Florida
4. L16000084608 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Donald D. McKenna
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1210 S. Old Dixie Hwy
Jupiter, FL 33458

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NRAI Services, Inc.
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.

[Signature] Signature of a member or authorized representative of a member
Karen L. Davila, Representative of
Sole Member, Jupiter Health Outpatient Services Inc.
Printed or typed name of signer
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: [Signature]
Signature of Registered Agent: Natalia Leiba-Paul, Assistant Secretary

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