## 1/6000 201118

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(Ad	ldress)						
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(Document Number)							
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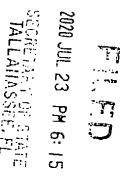
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D. BRUCE SEP 13 WI



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 21, 2020

Order#: 345704/002

Re: BAPTIST AMBULATORY ALLIANCE, LLC

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX \_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX\_\_\_\_ Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

I. Na	me of the limited liability company:	ATORY	ALLIANC	E, LLC				
2. (a)	6855 RED ROAD, SUITE 600		(b) 6855 RED ROAD, SUITE 600					
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of I (Note: MAY BE		-		
	CORAL GABLES, FL 33143	<del>-</del>	CORAL (	GABLES, FL 331	43			
	11/01/2016		L1600020	1118				
3. 5. (a)	Date of filing/registration in Florida FRIEDMAN, DAVID R	4.		Document num	ber			
. (u)	Registered Agent and Registered Office shown on the records of the 6855 RED ROAD, SUITE 500  Registered Office Address (MUST BE FLORIDA STREET AL		·	 le: _				
		33143		<del>-</del>				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> Corporation Service Company	Office ad	dress:	_	SECKE	2020 JUL		
	NEW Registered Office Address: 1201 Hays Street		<del></del>	_	ARASSE MASSE	. 23 PH		
	Tallahassee, FL_3	32301		_	EFF	6: 15	U	
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere vility co the lim mited l	d office an mpany, it i ited liabilit iability con	nd the business of shereby confirm to company or as in pany.	ffice of the red that th	e regis e chan	tered ge(s)	
Signa	ture of a member or authorized representative of a member	JIII(	Jilmi, Autho	orized Person  Printed or typed n	ame of sign	243		
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete poigations of my position as registered agent as provided lely reflect a change in the registered office address, I he in writing of this change.	e to act erforma for in C reby co	in this cap ince of my hapter 60: infirm that	acity. I further o	agree to co	omply:	with the d accept ing filed been	

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company