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TÀLLAHASSEE, FLORIDA

FILED 2023 OCT 23 PH 3: 02

COVER LETTER

TO: **Registration Section** Division of Corporations

Pathology Consultants of South Broward UC Name of Limited Liability Company SUBJECT:

.

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:

Name of Person JL La Firm/Company LE E Madison Street City/State and Zip Code (to be used for future annual report notification)

For further information concerning this matter, please call:

1

Mailing Address:

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

rson at (<u>SIZ</u>) <u>SIZ-ULLE</u> Area Code & Daytime Telephone Number

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:

₽ 825 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. Na	ime of the limited liability company: Pathology Consultants of Saleta Bouard
2. (a)	
	miranar FL 33025 miraner FL 33025
3.	121212016L16000230151Date of filing/registration in Florida4.Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3414 (D. Bray & Bay Blvd Suite 300
	Largen_, FL 33629
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	NEW Registered Office Address:
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the

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.

	- INA JUSTON
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perf the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I here notified in writing of this change.	ormance of my duties, and I am Familiar with and accept in Chapter 605, F.S. Or, if this document is being filed

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent