

L17000032149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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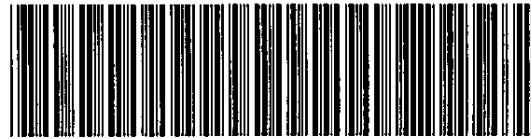
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 4 2017

**CERTIFICATE DESIGNATING CHANGE
OF
REGISTERED AGENT**

In compliance with section 608.416 or 608.508, Florida Statutes, the following is submitted:

- 1) Name of the Limited Liability Company is Miami OBGYN institute, LLC.
- 2) The date of filing or registration in Florida was February 13, 2017.
- 3) The document number is L17000032149.
- 4) The current Registered Agent is Filings, Inc., and the street address of the Registered Office is: 3732 N.W. 16th Street, Fort Lauderdale, Florida 33311.
- 5) The name of the successor Registered Agent is: Keith A. Fousek, Esquire.
- 6) The street address of the new Registered Office is: 7409 Albany Road, Suite A, Fort Myers, FL. 33967.
- 7) Such change of Registered Agent and Registered Office was 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 above named Limited Liability Company.

Date: February 14, 2017

Signature _____

(Member or authorized representative of Member)

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 608, Florida Statutes.

Date: February 14, 2017

Signature _____

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