17000049

(Requestor's Name)				
	(Address)			
(Address)				
	(Addi 655)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	1. F10.3512			
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(D)

CORPORATION SERVICE COMPANY 1201 Hays Street 5allhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. :	12000000195					
REFERENCE :	170093 8183052					
AUTHORIZATION :	W X no					
COST LIMIT :	\$ 25,00					
ORDER DATE : December 5, 2023						
ORDER TIME : 9:36 AM						
ORDER NO. : 170093-314						
CUSTOMER NO: 8183052						
	· • • • •					
CHANGE OF AGENT						
NAME. SITHER CARRIES OF	(0.07 - 7.7.6					
NAME: WINTER GARDEN OB/	GYN, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
THILL DITAGE DD COLI						
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.

	ame of the limited liability company: 12323 W Colonial Drive, Suite 200		4010 W. Boy Scout Blvd, Suite 500
2. (a)	Principal office address of limited liability company:	(b))
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WINTER GARDENS, FL 34787		Tampa, FL 33607
	03/02/2017	1	L17000049557
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
` '	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:
	UPM SERVICE CORP		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	23
	1501 YAMATO ROAD SUITE 200W		
	BOCA RATON	33431 FL	
	,	r.,	
(b)			·
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	ress: 9
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	FL	
agent w was/we	mited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members cles of organization or the operating agreement of the control of the contr	he registered liability con s of the limin ne limited lia	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signat	/s/ Jill Cilmi ure of a member or authorized representative of a member		Printed or typed name of signee
provision the oblition to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complet gations of my position as registered agent as provid By reflect a change in the registered office address. If	gree to act i ie performai led for in Cl I hereby con	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept napter 605. F.S. Or, if this document is being filed nfirm that the limited liability company has been

Grace E. Kirby, Asst. Vice President

Signature of Registered Agent