To: Page 2 of 3

2019-12-06 13:48:31 CST

16144554862 From James Tanks III

12/6/2019

Division of Corporations



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	<u>a</u>			LLC REGISTERED AGENT CHANGE SOUTH DADE PRIMARY CARE, LLC			
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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:	'RIMARY	CARE, LLC			
2. (a)	14750 NW 77th Ct. St.e 100 Miami Lakes FL 33016 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 14750 NW 77th Ct. Ste 100		M	4750 NW 77th Ct, Ste. 100 Miami Lakes FL 33016		
	Miami Lakes FL 33016					
	06:20:2017	t	.1700013229	21		
3. 5. (a)	Date of filing/registration in Florida PALENZUELA, ROBERTO L	4.	1	Document number		
J. (a)	Registered Agent and Registered Office shown on the records of 13550 SW 120TH STREET, SUITE 502 MIAMI, FL 33 Registered Office Address <u>(MUST BE FLORIDA STREET</u> 13550 SW 120TH STREET, SUITE 502	186				
	MIAMI FI	L ³³¹⁸⁶				
(b)	C T Corporation System	······		FILE F		
()	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	<u>ress</u> :			
	NEW Registered Office Address: 1200 South Pine Island Road			FLORIDA		
	Plantation, F	L				
the ch agent was/w the ar	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members feles of organization or the operating agreement of th	aws of the of the regis liability co of the lim limited l	State of Flo tered office mpany, it is ited liability iability com	hereby confirmed that the change(s) company or as otherwise provided in ipany. MLENZUELA, CEO		
Sigh	ature of a member or addiorized representative of a member			Printed or typed name of signee		
provis the ob- to me.	thy accept the appointment as registered agent and agents of all statutes relative to the proper and completed in the second sec	gree 10 acti le perform led for in C I hereby co Quele	in this cape ance of my of hapter 605 onfirm that	acity. I further agree to comply with the duties, and I am jamiliar with and accep , F.S. Or, if this document is being filed the limited liability company has been		
	ure of Registered Agent Mark Hollow	way, Asst. S	ec. S			
	Division of Corporations• P.O. FILING	. Box 632' FEE: \$25	7● Tailahas .00	ssee, FL 32314		