118000105435

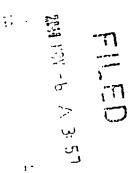
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
_							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special instructions to Filling Officer.							

Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations	•					
SUBJECT:	Palm Beach Surgical Suites	, LLC					
	Name of Limited Liability Company						
Dear Sir or N	⁄/adam:						
The enclosed	l Registered Agent/Registered Offi	ce Change a	and fee(s) are submitted for filing.				
Please return	all correspondence concerning the	s matter to t	he following:				
Heather M	lason						
	Name of Person						
Palm Bead	ch Surgical Suites, LLC						
	Firm/Company						
4210 Burn	s Road Suite 150						
	Address			3 = 17			
Palm Beach Gardens, FL 33410-4625				<u>ن</u> ت			
City/State and Zip Code				<u>a</u>			
hmason@	palmbeachsurg.com			16 16			
E-mail	address: (to be used for future ann	ual report no	otification)				
For further in	nformation concerning this matter.	please call:					
Heather M	lason	772	260-4018				
	Name of Person		Area Code & Daytime Telephone	Number			
Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Encl	losed is a check for the following	amount:					
☐ \$25 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

١.	Na	me of the limited liability company: Palm Beach S	Surgica	l Suites,	LLC			
2.	(a)							
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		4215 Burns Road Suite 150		3030 N	. Rocky Point Dr. Suite 150A			
		Palm Beach Gardens, FL 33410-4625	<u> </u>	Tampa	, FL 33607			
		April 26, 2018		L180001	105435			
3.		Date of filing/registration in Florida	4.		Document number			
5	(a)	Tom Glover						
J. (a)	(**)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	ate:			
		Northwest Registered Agent, LLC						
		Registered Office Address (MUST BE FLORIDA STREET A						
		3030 N. Rocky Point Dr. Suite 150A						
		Tampa	33607					
(b)	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Palm Beach Surgical Suites, LLC						
		NEW Registered Office Address:						
		4215 Burns Road Suite 150			_			
		Palm Beach Gardens, FL	33410	-4625	_			
the age was the Street I if protected to	e cha ent w is/we arti- signat hereb ovisie obli- mere	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the under the operating agreement of the operating agreement of the operation of a member of a member of a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change.	the reginability confitted limited	stered officompany, it nited liabil liability comes Kerp	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Sack, MD Printed or typed name of signee Practive I further garee to comply with the			
		Heathu Maria						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00