

To

Page: 2 of 3

2023-01-11 11:39:49 CST

12122023573

From: David Thomas

1/11/23, 8:16 AM

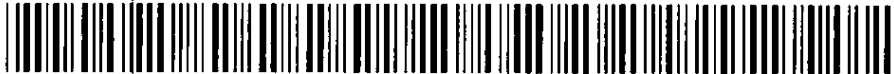
please use original
filing submission
date of 1/11/23

L18000105435

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

((H23000013233 3)))



H230000132333ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
PALM BEACH SURGICAL SUITES, LLC

JAN 12 2023

A. LUNT

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

please use original
filing submission
date of 1/11/23

Electronic Filing Menu

Corporate Filing Menu

Help

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. Name of the limited liability company: PALM BEACH SURGICAL SUITES, LLC

2. (a) Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)

4215 BURNS RD SUITE 150

PALM BEACH GARDENS, FL 33410-4625

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

4215 BURNS RD SUITE 150

PALM BEACH GARDENS, FL 33410-4625

04/26/2018

L18000105435

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:

ROBIN RACHELSON

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4215 BURNS RD SUITE 150

PALM BEACH GARDENS, FL 33410-4625

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

FILED
2022 JAN 11 AM 11:27
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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.

/s/ Tracy Kellner

Tracy Kellner

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 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Michele Holden

By:

Signature of Registered Agent

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

FILING FEE: \$25.00