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Florida Department of State

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l Address:

LLC REGISTERED AGENT CHANGE PALM BEACH SURGICAL SUITES, 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.

1. N	fame of the limited liabil	ty company: PALM BEAC	H SURGICAL:	SUITES, LI	LC		
2 (a)			(h)			-	
2,	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		(0/		illing address of limited (Note: MAYBE POST)		
	4215 BURNS RD SUIT	E 150	4	215 BURN:	RNS RD SUITE 150		
	PALM BEACH GARD	ENS. FL 33410-4625		PALM BEACH GARDENS, FL 33410-4625			
	04/26/2018		800010543:	5			
3.	Date of filing/	registration in Florida	— _{4.} —		Pocument number		···
5. (a)	1						
J. 141	 Registered Agent and Regis 	ered Office shown on the records	of the Florida De	ept, of State:			
	ROBIN RACHELSON			•		~	
	Registered Office Address	Registered Office Address [MUST BE FLORIDA STREET ADDRESS]				922	:: <u>.</u> .
	4215 BURNS RD SUIT					2022 JAN	 z.≟
	PALM BEACH GARDI	NS .				=	10.80 TARY
			r			A	32
(b)						AK :	
	Enter name of NEW Regist	ered Agent and or NEW Register	ed Office addre	77 :		 .:	•
	C T Corporation System					7	-
	NEW Registered Office Ad	dress:	-, -,				
	1200 South Pine Island I	nad					
			·				
	Plantation	. 1	FL_33324				
the chr agent v was/w	inge or changes are mad will be identical. Or, in t cre authorized by an affi	is not organized under the least the Florida street address he case of a Florida limited mative vote of the member he operating agreement of the street of the member of the operating agreement of the street of th	of the register liability comp s of the limited	ed office a pany, it is h d liability c ility compa	nd the business officereby confirmed that company or as other	ce of the regi it the change	stered (s)
Signature of a member or authorized representative of a member				b	rinted or typed name of s	signee	
There, provis, the obt to mere notified 3y:	hy accept the appointme ions of all statutes relati ligations of my position we'r reflect a change in th d'in writing of this chang (s) Michele Holden	nt as registered agent and a ve to the proper and comple as registered agent as provi e registered office address, te	gree to act in te performanc ded for in Cha I hereby confi	this capac, re of my du ipter 605, I rm that the	ity. I further agree t ties, and Lam Jamili E.S. Or, if this docu climited liability cor	to comply with an with and coment is being inpany has be	th the tocept filed een
<u> </u>	re of Registered Agent						