

L18000115029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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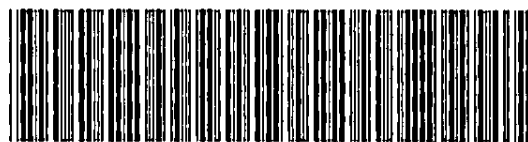
(Business Entity Name)

(Document Number)

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JANUARY 1, 2022

JUN 30 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Town Loop Medical Center, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lysis Castro

Name of Person

Firm/Company

325 S. Biscayne Blvd., #623

Address

Miami, FL 33131

City/State and Zip Code

mauriciocastro@ yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mauricio Castro-Wright

786

266-3971

Name of Person

at (

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2002 MAY 10 PM 3:32

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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. Name of the limited liability company: Town Loop Medical Center, LLC

2. (a) 14050 Town Loop Blvd., Orlando, FL 32837 (b) 325 S. Biscayne Blvd. #623, Miami, FL 33131
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 5/7/2018 Date of filing/registration in Florida 4. L18000115029 Document number

5. (a) Marteen Escalante
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
11522 SW 100th Avenue
Miami, FL 33176

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

NEW Registered Office Address:
325 S. Biscayne Blvd. #623
Miami, FL 33131

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.

[Signature] Mauricio Castro-Wright
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.

[Signature]
Signature of Registered Agent

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