9/19/23, 1:29 PM Division of Corporations

L18000144671

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
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LLC REGISTERED AGENT CHANGE
PHYSICIAN WOUND SOLUTIONS LLC

Certificate of Status	0
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SEP 20 2023

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605 0112 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: PHYSICIAN WOUND SOLUTIONS LLC

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

5021 S Highway 17/92

Casselberry, FL 32707

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

5021 S Highway 17/92

Casselberry, FL 32707

3. Date of filing/registration in Florida: 6/12/2018

4. Document number: L18000144677

5. (a) Raven, Peter

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

5021 S Highway 17/92

Casselberry, FL 32707

(b) C T Corporation System

Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address

1200 South Pine Island Road

Plantation, FL 33324

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 of a member or authorized representative of a member

Peter Raven

Printed or typed name of signer

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.

By: C T Corporation System Christine Kelm, Assistant Secretary

Signature of Registered Agent

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

(NEW) (07/13)