122000190221

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



200382436382

2022 HAR -4 AM 8: 31 SCONETARY OF STATE TALLAHASSEE. FL

1022 MAR -4 PM 12: 4

RECEIVED

RAROKHS

MAR 0 7 2022 I ALBRITTON CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 513151 4311279

7

AUTHORIZATION

COST LIMIT : \$ 25\0.0

ORDER DATE: February 24, 2022

ORDER TIME : 10:42 AM

ORDER NO. : 513151-005

CUSTOMER NO: 4311279

CHANGE OF AGENT

NAME: MEDHQ FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

| | istration Section ision of Corporations | | | |
|-----------------------------------|---|-----------------------|---|--|
| SUBJECT: | MEDHQ Florida, LLC | | | |
| Name of Limited Liability Company | | | | |
| Dear Sir or l | Madam: | | | |
| The enclose | d Registered Agent/Registered Office Ch | nge and fee(s) are su | bmitted for filing. | |
| Please return | n all correspondence concerning this mat | er to the following: | | |
| | | | | |
| | Name of Person | | | |
| | Name of Person | | | |
| | Firm/Company | | | |
| | | | | |
| | Address | | | |
| | | | | |
| | City/State and Zip Code | | | |
| E-mail | address: (to be used for future annual re | ort notification) | | |
| For further i | nformation concerning this matter, please | call: | | |
| | at |) | | |
| | Name of Person | Area Code | & Daytime Telephone Number | |
| | iling Address: | Street Ac | | |
| | istration Section | | ion Section | |
| | ision of Corporations | | of Corporations | |
| | . Box 6327 | === | re of Tallahassee | |
| 1 811 | lahassee, FL 32314 | | Monroe Street, Suite 810 see, FL 32303 | |
| Enc | losed is a check for the following amou | ıt: | | |
| □ \$ | 25 Filing Fee | □ \$55 Filing Fee | & Certified Copy | |
| INHS18 (2/14 | 4) | | | |

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.

| Ctr Ste 430 |
|--|
| limited liability company: |
| |
| nber |
| 1001 |
| 2022 MAR - L SEGNERARA TALLAHA |
| R-4 AR |
| 8:31 STATE |
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| |
| by confirmed that after the office of the registered ned that the change(s) s otherwise provided in |
| |
| name of signee agree to comply with the I amiliar with and accept Is document is being filed lity company has been |
| 7 |

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