

L19000054696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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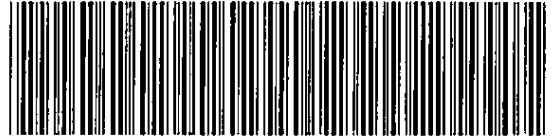
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 945524 8421827

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 18, 2023

ORDER TIME : 11:18 AM

ORDER NO. : 945524-042

CUSTOMER NO: 8421827

CHANGE OF AGENT

NAME: PHYSICIAN MANAGEMENT SERVICES
OF ILLINOIS II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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: PHYSICIAN MANAGEMENT SERVICES OF ILLINOIS II, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>3113 LAWTON ROAD, SUITE 250</u> <u>ORLANDO, FL 32803</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>3113 LAWTON ROAD, SUITE 250</u> <u>ORLANDO, FL 32803</u>
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3. _____ Date of filing/registration in Florida	4. _____ Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
YOUR CAPITAL CONNECTION, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
417 E. VIRGINIA ST. STE. 1
TALLAHASSEE, FL 32301-1283

2023 SEP 11 PM 12:08

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

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street

Tallahassee, FL 32301

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/ JILL CILMI
Signature of a member or authorized representative of a member

JILL CILMI, AUTHORIZED PERSON
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.

Grace E Kirby
Signature of Registered Agent

GRACE E KIRBY, ASST. VICE PRESIDENT