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From: David Thoma:

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## Florida Department of State

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## LLC REGISTERED AGENT CHANGE PANHANDLE OUTPATIENT SURGERY CENTER LLC A. LUNT

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To

## 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.

L N	ame of the limited liabili	ity company: PANHANDLE	OUTPATIE	NT SURGI	IRY CENTER LLC		
,,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1502 CREIGHTON RO	AD SUITE C		1502 CREIGHTON ROAD SUITE C			
	PENSACOLA, FL 3250	4		PENSACO	DLA, FL 32504		
	02/26/2019			L190000553	509		
3.	Date of filing/	egistration in Florida	4.		Document number		
5. (a)							
2. (4)		ered Office shown on the records	of the Florida	Dept, of State	- e:	21 :	
	Registered Office Address 1502 CREIGHTON RO				-	2022 JAN 1 1	
	PENSACOLA		FL_325004		-		
(b)	Enter name of NEW Registr	red Agent and/or NEW Register	ed Office add	ress:	-	新沙里。	
	C T Corporation System						
	NEW Registered Office Ad				-		
	1200 South Pine Island I	oad			-		
	Plantation	1	FL_33324		_		
the cha agent was/wo the arti	inge or changes are mad- vill be identical. Or, in the cre authorized by an affi- cles of organization or t	is not organized under the letter the Florida street address he case of a Florida limited mative vote of the member he operating agreement of the representative of a member	of the regist liability cor s of the limi he limited li	tered office npany, it is ted liabilit	e and the business office is hereby confirmed that to v company or as otherwi	of the registered he change(s) se provided in	
			aren to zer	m the sur			
I herei provisi the obl to mere notified By:	by accept the appointmetions of all statutes relating to reflect a change in the Fin writing of this change (s) Michele Holden	nt as registered agent and a ye to the proper and comple is registered agent as provi e registered office address, le.	igree to act de performa ded for in () I hereby cod	in inis caps mee of my c hapter 602 nfirm that i	ucity. I further agree to duties, and I am familian E.F.S. Or, if this docume the limited liability comp	compty with the with and accept on is being filed oany has been	
-	re of Registered Agent						

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