

L19 000 124267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

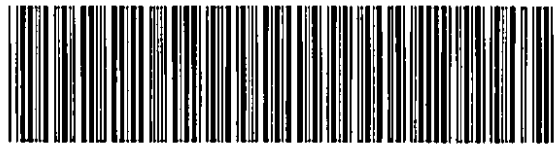
(Document Number)

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JUL 23 2020

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 23 PM 6:14

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D. BRUCE  
SEP 13 2020



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscgblbal.com

Date: July 21, 2020

Order#: 345704/014

Re: BAPTIST HEALTH SOUTH FLORIDA CENTER FOR ACADEMIC

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 23 PM 6:14

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Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

**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: BAPTIST HEALTH SOUTH FLORIDA CENTER FOR ACADEMIC EXCELLENCE, LLC

2. (a) 6855 RED ROAD, SUITE 600 (b) 6855 RED ROAD, SUITE 600  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

CORAL GABLES, FL 33143

CORAL GABLES, FL 33143

05/07/2019

L19000124267

3. Date of filing/registration in Florida 4. Document number

5. (a) FRIEDMAN, DAVID

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

6855 RED ROAD, SUITE 600

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES, FL 33143

(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

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TALLAHASSEE, FL

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.

Jill E. 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 of Corporation Service Company

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**