

L19000 140 208

(Requestor's Name)



SERRA & COMPANY
Certified Public Accountant
6118 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER, FL 34429

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

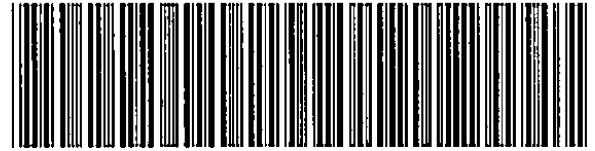
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500346087245

06/22/20--01003--007 **25.00

RECEIVED

JUN 19 2020

2020 JUN 19 PM 3:35

RA/Rolch8

AUG 06 2020
I ALBRITTON

STATEMENT OF CHANGE OF REGISTERED AGENT OR BOTH
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: UNITED MEDICAL PHYSICIANS LLC
2. (a) 1250 N VANTAGE POINT DRIVE
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
CRYSTAL RIVER FL 34429
- (b) 1250 N VANTAGE POINT DRIVE
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
CRYSTAL RIVER FL 34429
3. 05/24/2019 Date of filing/registration in Florida
4. L19000140208 Document number
5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 Hays Street
Tallahassee, FL 32301
- (b) Serra & Company CPA LLC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Office Address:
6118 W Corporate Oaks Drive
Crystal River, FL 34429

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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]
Signature of a member or authorized representative of a member

ALEX DICKERT

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.

[Signature]
Signature of Registered Agent

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