## L19000 176711

(Requestor's Name)						
	ddress)					
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(C	ity/State/Zip/Phone #)					
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PICK-UP	☐ WAIT	MAIL				
L FICK-OF		L WATE				
(B	usiness Entity Name)					
(ນ	ocument Number)					
Certified Corries	Certificates of	Statue				
Certified Copies Certificates of Status						
Special Instructions to Fil	ing Officer:					
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	195		
	REFERENCE	:	124395	8423450		
	AUTHORIZATION	:	Cospe	Delenan		
	COST LIMIT	:	\$ 25.00	/		
ORDER DATE :	November 9, 2023					
ORDER TIME :	9:32 AM					
ORDER NO. :	124395-158					
CUSTOMER NO:	8423450					
CHANGE OF AGENT						
NAME:	UROSOLUTIONS I	TLC				

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

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. 8	Same of the limited liability company: UROSOLUTIO	NS LLC				
	) <u> </u>					
Σ. (α,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	9010 STRADA STELL CT STE 103		9010 ST	RADA STELL CT STE 103		
	NAPLES, FL 34109		NAPLES	, FL 34109		
	07/18/2019		L1900017	6711		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	)					
J. (a	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Sta	te:		
	Conley, Daniel, II					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	9010 STRADA STELL CT STE 103			- 3		
	NAPLES . FI	34109		20231:37/13		
				<u> </u>		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:			
	SHOT HARDON AND REGISTER AND AND REGISTERS	4 Confee a	<del>aaress</del> .	- <del>P</del>		
	Corporation Service Company			<u> </u>		
	NEW Registered Office Address:	`		- - 4		
	1201 Hays Street			_		
	Tallahassee , FI	32301				
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register ability co of the lin	red office an ompany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
	/s/ Daniel Conley		•	Authorized Person		
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to mei	by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete digations of my position as registered agent as provide ely reflect a change in the registered office address, I be dig writing of this change.	ee to ac perform d for in the hereby c	t in this cape ance of my c Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been		
	Drace C-Kirble	GRA	ACE E KIRI	BY, ASST. VICE PRESIDENT		

Signature of Registered Agent