Page: 3 of 4

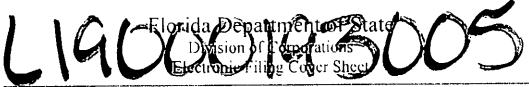
2021-12-01 09:25:45 CST

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From: Lexus Wingo

12/1/21, 10:02 AM

Division of Corporations



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LLC REGISTERED AGENT CHANGE CENTRUM MEDICAL CENTER - AIRPORT, LLC

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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.

Na	me of the limited liability company: CENTRUM MEI	DICAL CENT	ER - AIRPORT, LLC	
(a)	No Change	(b) No Change		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	08/06/2019	L19	0000193005	
	Date of filing/registration in Florida	4.	Document number	
(a)	AGREDA, ALEXIS			
, ,	Registered Agent and Registered Office shown on the records of 8900 Coral Way	the Florida Dep	or, of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		ZII	
	STE. 102		21 D	
	Miami , FL	33165	EIL 2021 DEC -	
(b)	C T Corporation System			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address	PM 1:51	
	NEW Registered Office Address:			
	1200 South Pine Island Road		<u> </u>	
	Plantation	33324		
e cha ent v as/we e art Signa here ovis e obt mer otifie	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light and by an affirmative vote of the members of its of a member of the operating agreement of the manufacture of a member of all statutes relative to the proper and complete light on so fine position as registered agent as provided in writing of this change. It is a change in the registered office address, I do writing of this change. It is a change of the change of t	f the registers ability comp of the limited liab Eddie W	ed office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company. Joods, Manager Printed or typed name of signee this connective. I forther correct to controls with the	