

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000134973 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:	:	

LLC REGISTERED AGENT CHANGE BANYAN PEDIATRIC CARE CENTERS - PASCO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	(12
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help ESOS SI AAA T. LEMIEUX To: - Page: 4 of 4 2023-04-11 08:50:08 CST 12122023573 From: David Thomas

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.

I. Na	une of the limited liability company: BANYAN PEDIA	ATRIC CZ	ARE CENTE	RS - PASC	O, I.I.C		
2. (a)	7349 MERCHANT COURT	(b	7349 MER	CHANT C	DURT		
-,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited hability company: **CNote: MAY BE POST OFFICE BOX**)					
	LAKEWOOD RANCH, FL 34240		LAKEWO	OD RANCI	1, FL 3424	1()	
	09/16/2019		L190002334	189			
3.	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK INC.	4.		Document	number		
5. (a)	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1	· ·					
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	ł				
	NORTH PALM BEACH, FL	33408		• -	4	2023	
(b)	C.T Corporation System	==		_	•	2023 AFO 1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :						-
					: ئ		C
	NEW Registered Office Address:				: 2	ςυ 	
	1200 South Pine Island Road			-	٠.	ယ	
	Plantation, FL	33324					
the changent was/w	imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lic ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regison bility co of the lim limited l	tered office mpany, it is ited liability	e and the bust hereby co y company npany.	usiness of nfirmed t	ffice of t hat the	the registered change(s)
Signa	ture of a member or authorized representative of a member			Printed or ty	ped name o	of sience	
I here provis the ob- to mer notifie By:	hy accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ingations of my position as registered agent as provide ely reflect a change in the registered office address, I is a CT Corporation System EAML EMERCS, ASSISTANT SECRETARY THE OF REGISTERES AGENTS	ee to act perform d for in (hereby co	in this cap ance of my hapter 602 onfirm that	acity I fur	ther avre	e to con	nply with the th and accept is being filed y has been