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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

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

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T. LEMIEUX

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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.

	me of the limited liability company:		7349 MERCHANT COURT						
a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b) Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)						
	LAKEWOOD RANCH, FL 34240	_	-	LAKEWO	OD RANCII.	PL 34240			
	10/01/2019		L	190002460	524				
(a)	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK INC.	4.			Document n	umber			
_i u,	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1	the Floric	ia T	Pept, of State	e·				
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRES	<u>(S)</u>		-				
	NORTH PALM BEACH, FL	33408			-				
(b) _	C T Corporation System	<u>.</u>	₩;.	2023					
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	<u>lul</u>	<u>ess</u> :			Maro.		
	NEW Registered Office Address:				_		_ r	r : - C	
	1200 South Pine Island Road				-		7: 2: 2:		
	Plantation, FL	33324			_		57		
cha ent v s/we arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the li- limited	ist con mi L li	ered offic ipany, it i ed liabilit	e and the bus s hereby con ty company o mpany.	iness office firmed that	e of the regis the change()	ster s)	
igna	ture of a member or authorized representative of a member				Printed or typ		-		
ierci ivisi i obl merc tifiec	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. C.T. Corporation System	ee to a perfor d for in hereby	ct ma i (; coi	n this cap nee of my hapter 60 ifirm that	pacity. I furth duties, and I 5. F.S. Or, if the limited h	ier agree to am familio this docun ability con) comply with ir with and a ient is being ipany has be	h i jec fil jen	

By: SEANL EMERICK, ASSISTANT SECRETARY
Signature of Registered Agent