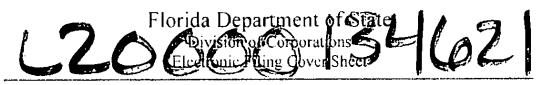
From: Kaity Toon

8/5/22, 3:24 PM

Division of Corporations



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2022 AUC -- 5 FM 4: 42

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. Na	une of the limited liability company: NeighborMD of S	Sunrise, LLC	<u></u>
		(b)	
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(",	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8393 W OAKLAND PARK BOULEVARDSuite A	PO Bo	x 251
	SUNRISE, FL 33351	Swansea MA 02777	
	05/22/2020	L200001	134621
3.	Date of filing/registration in Florida	4,	Document number
<i>5</i> /->	Gonzalez, Jessica		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET.	IDDRECC!	
	150 S. Pine Island RdSuite 200	ADDRESS)	
	Plantation FI	33324	
<i>(</i> 1.)	C T Corporation System		AF 2022 AUG SECRETA FALLAHA
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	APPR AUG -5 NG ISAY AHASSE
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	PH CES
	1200 South Pine Island Road	<u> </u>	TAIR COMP
	Plantation . FI	33324	
the cha agent was/w the art	imited liability company is not organized under the latunge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members diclessof organization or the operating agreement of the ture of a member or authorized representative of a member	f the registered of ability company, of the limited liab limited liability Kit Brekhus,	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. MD Printed or typed name of signee
provis the ob- to mer notifie By:	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. CT Corporation System /s/ Eric Jensen	ree to act in this performance of ed for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been

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