

L20000180939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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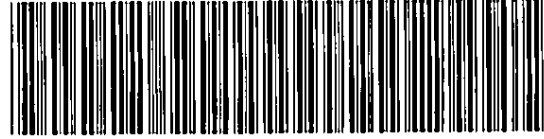
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 27 AM 9:29 2021 OCT 27 AM 11:41

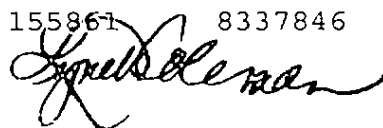
RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 155861 8337846

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : October 21, 2021

ORDER TIME : 9:04 AM

ORDER NO. : 155861-004

CUSTOMER NO: 8337846

CHANGE OF AGENT

NAME: VILLAGE MEDICAL AT HOME NORTH
FLORIDA, PLLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

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. Name of the limited liability company: VILLAGE MEDICAL AT HOME NORTH FLORIDA, PLLC

2. (a) 125 S. Clark Street, Suite 900
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Chicago, IL 60603

06/29/2020

L20000180939

3. Date of filing/registration in Florida

4. Document number

5. (a) C T Corporation System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 S. Pine Island Road

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Plantation, FL 33324

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Jill Cilmi

Jill Cilmi, Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Corporation Service Company

Ami M. Casper, Asst. Vice President

Cecil M. Casper
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00