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Division of Corporations



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## LLC REGISTERED AGENT CHANGE HEATHROW SURGERY CENTER, LLC

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2023 Ft.

## 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.

2. (a)	968 International Parkway	(b)	968 International Parkway	
z. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
			ake Mary, FL 32746	
	06/07/2020		0000191086	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida Kevin M Barber	4.	Document number	
J. (a)	Registered Agent and Registered Office shown on the records of Attn: Honicgay Young	f the Florida De	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  968 International Parkway		202	
	Lake Mary, Fi	32746	2023 FEB 16	
(b)	C T Corporation System		6 日本	
(6)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	A :: 3	
	NEW Registered Office Address:		<b>c</b> o	
	1200 South Pine Island Road		<del></del>	
	Plantation, FI	33324		
the cha agent w was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the register iability comp of the limited c limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obli to mere	on accept the appointment as registered agent and agens of all standes relative to the proper and complete igations of my position as registered agent as provide it reflect a change in the registered office address. It in writing of this change.  CT Corporation System	e performand ed for in Cho hereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been ASSISTANT SECRETARY	