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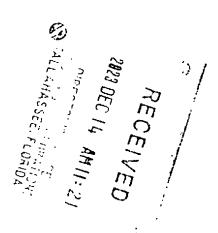
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Name)	
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Special Instructions to Filin	ng Officer:	

Office Use Only



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R. HUNT 17/14/23 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 1200,00000195

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

NAME: MIAMI WOMEN'S HEALTH

ASSOCIATES, LLC

CONTACT PERSON: Eyliena Baker -- 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.

3661 S MIAMI AVE SUITE 1005		(b)	4010 W. Boy Scout Blvd, Suite 500	)
Principal office address of limited (Note: MUST BE STREET			Mailing address of limited liabil (Note: MAY BE POST OFF	
MIAMI, FL 33133			Tampa, FL 33607	
09/28/2020	<u>.</u>	<del></del>	L20000306096	
Date of filing/registration	in Florida	4.	Document number	
)				
Registered Agent and Registered Office sh UPM SERVICE CORP	own on the records of	the Florida	Dept. of State:	. –
Registered Office Address (MUST BE 1501 YAMATO ROAD SUITE 200		ADDRESS)		
		33431		
BOCA RATON	, FI		I	
BOCA RATON	, FI			2023 (
			ress:	2023 DEG
)			ress:	2023 DEC 14
Enter name of <u>NEW Registered Agent</u> an			ress:	1
Enter name of <u>NEW Registered Agent</u> an Corporation Service Company			ress:	2023 BEC 14 PM12: 40

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 Cllmi	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.

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President