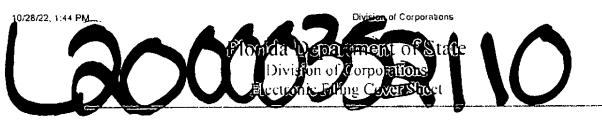
To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003701423)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Fmail	Address:		
F 11141 T T	~~~· C J J .		

رنې LLC REGISTERED AGENT CHANGE SURGCENTER OF RIVERVIEW, LLC Certificate of Status Certified Copy Page Count \$55.00 Estimated Charge

1 02

Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX OCT 3 1 2022

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.

I. Na	me of the limited liability company: SURGCENTER	OF RIVE	RVIEW, LLC	-	
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ŋ	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	1715 N. WEST SHORE BLVD. SUITE 190		1715 N. W	1715 N. WEST SHORE BLVD. SUITE 190	
	TAMPA, FL 33607 TAME		TAMPA, F	A, FL 33607	
	11/05/2020		L200003521	10	
3 .	Date of filing/registration in Florida	- 4.		Document number	
	, ,				
(a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	•	
	LAUREN BUKER				
	Registered Office Address (MUST BE FLORIDA STREET	-			
	1715 N. WEST SHORE BLVD. SUITE 190			19 23	
	TAMPA	L_33607		2022 OCT 28 PM 4: 49	
				128 P	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			Sit.	
	Enter name of NEW Registered Agent and/or NEW Registered	а Оптевна	areys.	<u> </u>	
	C T Corporation System			LORI L	
	NEW Registered Office Address:	200			
	1200 South Pine Island Road	-			
	Plantation, F	L 33324		_	
he cha igent v vas/wi	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability co of the lin	stered office ompany, it is nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	/s/ Tracy Kellner	Tra	cy Kellner		
-	ture of a member or authorized representative of a member			Printed or typed name of signee	
nonjie	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address, I d in writing of this change. /s/ Michele Holden	gree to ac ie perforn led for in I hereby c	t in this cap nance of my Chapter 60, confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been	
norijie: By:	a in wraing of this change.	ie perforn led for in I hereby c	nance of my Chapter 60, onfirm that	duties, and I am familiar w 5, F.S. Or, if this documen the limited liability compa	