

121000053307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

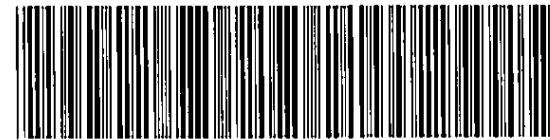
(Business Entity Name)

(Document Number)

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

ACCOUNT NO. : I20000000195

REFERENCE : 103832 8150664

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : October 13, 2021

ORDER TIME : 9:24 AM

ORDER NO. : 103832-005

CUSTOMER NO: 8150664

CHANGE OF AGENT

NAME: SINGER ISLAND HEALTH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Elyliena 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.

1. Name of the limited liability company:	Singer Island Health, LLC		
2. (a) 1166 E. Blue Heron, West Palm Beach, FL 33404	Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) 1166 E. Blue Heron, West Palm Beach, FL 33404	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<hr/> <hr/>			
February 10, 2021		L21000053307	
3. Date of filing/registration in Florida	4.	Document number	
5. (a) Greenspoon Marder LLP	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 200 E. Broward Blvd., Suite 1800		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>			
<hr/> <hr/>			
Ft. Lauderdale		33301	FL
<hr/> <hr/>			
(b) Corporation Service Company	Enter name of NEW Registered Agent and/or NEW Registered Office address :		
1201 Hays Street			
NEW Registered Office Address:			
<hr/> <hr/>			
Tallahassee		32301	FL
<hr/> <hr/>			

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/ Adam Bhajee

Adam Bhajee, Chief Financial Officer of Member

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.

Ekta Bhajee

Signature of Registered Agent

Assistant Vice President

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

