4/11/23, 11:35 AM

Division of Corporations



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## LLC REGISTERED AGENT CHANGE BANYAN PEDIATRIC CARE CENTERS - TAMPA, LLC

Certificate of Status	0
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## 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	ime of the limited liability company: BANYAN PEDIA	ATRIC CA	RE CENTE	RS - TAMPA.	LLC			
2. (a)	7349 MERCHANT COURT	(b	7349 MER	CHANT COU	RT			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	LAKEWOOD RANCII, FL 34240	<del>-</del>	LAKEWO	OD RANCH, F	L 34240			
	08/05/2021		L210000626	93				
3.	Date of filing/registration in Florida	4.		Document nu	mber			
5. (a)	CORPORATE CREATIONS NETWORK INC.							
	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1	the Florida	Dept. of State	:				
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)						
	NORTH PALM BEACH FL	33408						
(b)	C T Corporation System							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		U.,	2023		
	NEW Registered Office Address:					ر - مص		
	1200 South Pine Island Road					-	,	
							 C_	
	Plantation	33324			\$ / ( -	<u></u>		
the cha agent v was/wo	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ibility con if the limi	tered office upany, it is ted liability	and the busing hereby confirmation or a company or a	iess office of med that the	of the re	gistered ge(s)	
	See Charles		DAVIS, MA	-				
Signal	ture of a member or authorized representative of a member			Printed or typed	name of sign	ee		
provisi the obl to merc notified By: si	by accept the appointment as registered agent and age fons of all standes relative to the proper and complete igutions of my position as registered agent as provide ity reflect a change in the registered office address, I if it writing of this change.  C T Corporation System  EANL EMERICA ASSISTANT SECRETARY  TO OF Registered Agent	ree to act performe d for in ( hereby co	in this cape ince of my c hapter 603 infirm that i	acity. I furthes duties, and I as i, F.S. Or, if th the limited lial	r agree to c m familiar is docume, bility comp	comply v with and nt is bei any has	vith the d accept ng filed been	