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L21000232022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Ra Change

FEB 21 2022

D CUSHING

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

ACCOUNT NO. : I20000000195

REFERENCE : 417052 8364259

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 19, 2022

ORDER TIME : 2:01 PM

ORDER NO. : 417052-035

CUSTOMER NO: 8364259

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TALLAHASSEE
FLORIDA

CHANGE OF AGENT

NAME: VMD PRIMARY PROVIDERS CENTRAL
FLORIDA WEST, PLLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

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.

1. Name of the limited liability company: VMD PRIMARY PROVIDERS CENTRAL FLORIDA WEST, PLLC

2. (a) 125 S. Clark Street (b) 125 S. Clark Street
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Suite 900 Suite 900
Chicago, IL 60603 Chicago, IL 60603

3. May 19, 2021 4. L21000232022
Date of filing/registration in Florida Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T Corporation System
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 S Pine Island Road
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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TALLAHASSEE, FL
SECRETARY OF STATE

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.

Jill C. Cirmi Jill Cirmi, 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.

Lindsey M. Baronie
Signature of Registered Agent
Lindsey M. Baronie, Asst. Vice President on behalf of Corporation Service Company

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