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Division of Corporations Fax Number : (850)617-6383

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Account Number	:	I 20090000081	
Phone	:	(307)200-2803	
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## LLC REGISTERED AGENT CHANGE GULF COAST INFUSION, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 4

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.

(a)		(b)				
	Principal office address of limited ltability company ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailin ( <u>Not</u>	g address of limited teg_MAY BE POST	liability et OFFICE	impany: <u>BOX</u> )
			•			
	07/05/22	L22	000298652			
	Date of filing/registration in Florida	4.	Doci	ument number		
(a)	RAMANI, KOKILA					
	Registered Agent and Registered Office shown on the records	of the Florida De	of, of State:			
	700 JESTER COURT					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
	Registered Office Address (MUST BE FLORIDA STREE				2023 A	2
(h)	Registered Office Address (MUST BE FLORIDA STREE				2023 AUG 1	APPIN APPIN
(h)	Registered Office Address (MUST BE FLORIDA STREE	FL_32506	<u></u>		2023 AUG 18 1	APPINO AND AND
(h)	Registered Office Address (MUST BE FLORIDA STREE PENSACOLA Northwest Registered Agent LLC	FL_32506	<u></u>		PH 3:	
(h)	Registered Office Address  (MUST BE FLORIDA STREE    PENSACOLA  .    Northwest Registered Agent LLC  .    Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FL_32506	<u></u>		Hd Hd	
(h)	Registered Office Address  (MUST BE FLORIDA STREE    PENSACOLA	FL_32506	<u></u>		PH 3:	

Nat Smith

 $\frac{(\sqrt{2}\sqrt{2})^2}{S(gnature of a member or authorized representative of a member}$ 

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.

Taylor Newman - Assistant Secretary

Signature of Registered Agent

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