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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 170093 8183052					
COST LIMIT : \$ 25.00					
COST LIMIT :: \$ 25.00					
ORDER DATE : December 5, 2023					
ORDER TIME : 9:34 AM					
ORDER NO. : 170093-083					
CUSTOMER NO: 8183052					
					
CHANGE OF AGENT					
NAME: GWINNETT'S PROGRESSIVE HEALTHCARE FOR WOMEN II, LLC					
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. N	ame of the limited liability company: GWINNETT'S	PROGRESSIVE	SIVE HEALTHCARE FOR WOMEN II, LLC	
2. (a)	601A DROEESSIONAL DRIVE STE 260	(b) 4010 W. Boy Scout Blvd, Suite 500, Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	LAWRENCEVILLE, GA 30046	Tamp	Tampa, FL 33607	
	07/21/2022	L2200	0321622	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a))			
(Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:	
	UPM SERVICE CORP			
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)		
	1501 YAMATO ROAD, SUITE 200 W			
	BOCA RATON . F	33431 L		
(b)			POR DEC 14 TALLIAHASSE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	DEC THAT	
	Corporation Service Company		PILED 1023 DEC 14 PM 4: 01 ALLAHASSEE, FLORIDA	
	NEW Registered Office Address:			
	1201 Hays Street		PR L:0	
	Tallahassee	. 32301	DE T	
	FI	L		
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office iability company, of the limited liab	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	/s/ Jill Cilmi	Jill Cilmi, Au	uthorized Person	
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	performance of led for in Chapter hereby confirm the	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signati	Grace E. Kirby, Asst. Vic	e President		