L23000389265

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R. HUNT 09/01/23

Division of Corporations	•
JBJECT: SFQuintana, CRNA 11C Name of Limited	Liability Company
ear Sir or Madam:	
ne enclosed Registered Agent/Registered Office Change an	d fec(s) are submitted for filing.
ease return all correspondence concerning this matter to th	e following:
Sara Quintana Name of Person	
SFQuintana CRNA LLC.	
7604 SW 510th ave. Address	2023 SEP - 1
Gainesville, FL 321008 City/State and Zip Code	P#12: 40
SFQ 1204 @ Yahoo. Com E-mail address: (to be used for future annual report not	fication)
or further information concerning this matter, please call:	
Sara Quintana at (35). Name of Person	2) 339-(08(010 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

HS18 (2/14)

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

ursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company abmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Name of the limited liability company:	SEQuintana	CRNA LLC	
Principal office address of limited liability (Note: MUST BE STREET ADDRE	company:	7604 St. 56 Mailing address of limit (Note: MAY BE PO)	ed liability company:
Gainesville, FL 326		Gainesville, F	
08/22/2023		L23000389a	
Date of filing/registration in Flor	ida 4.	Document number	<u> </u>
. (a) Cheyenne Moseley US Registered Agent and Registered Office shown on	Corp Agent	5ept. of State:	
United States Corporation Registered Office Address (MUST BE FLORI)	DA STREET ADDRESS)	C.	
476 Riverside Ave.			
Lacksonville	, FL322	02	
(b) Saya Quintana Enter name of NEW Registered Agent and/or NE	W Registered Office addre	<u></u>	Jansiek 2023 SEP
ALOU SU STOTH OWE NEW Registered Office Address:	·		EP-1 P
			
Gainesville	, FL_3260	08_	040
f the limited liability company is not organized ushange or changes are made, the Florida street adagent will be identical. Or, in the case of a Florid vas/were authorized by an affirmative vote of the he articles of organization or the operating agreed Signature of amember or authorized representative of a magnitude of a member of authorized representative of a member of	dress of the registered of a limited liability compound members of the limited ment of the limited liab	office and the business office pany, it is hereby confirmed to diability company or as oth litty company. Aua Quintana Printed or typed name of the part of the p	of the registered that the change(s) erwise provided in of signee
I hereby accept the appointment as registered agorovisions of all statutes relative to the proper and the obligations of my position as registered agent to merely reflect a change in the registered office notified in writing of this change.	ent and agree to act in d complete performanc as provided for in Cha address, I hereby confi	this capacity. I further agree e of my duties, and I am fam pter 605, F.S. Or, if this doc rm that the limited liability c	e to comply with the iliar with and accept cument is being filed company has been

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

Signature of Registered Agent