

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RHenderson@urscompliance.com

LLC REGISTERED AGENT CHANGE
JASPER HEALTH SERVICES FLORIDA, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

OCT 21 2024

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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.

1. Name of the limited liability company: JASPER HEALTH SERVICES FLORIDA, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
4210 Valley Ridge Blvd Ste 135
Ponte Vedra, FL 32081

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
4210 Valley Ridge Blvd Ste 135
Ponte Vedra, FL 32081

3. 01/05/2024
Date of filing/registration in Florida

4. L24000013935
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
115 N CALHOUN ST STE 4
TALLAHASSEE, FL 32301

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

URS AGENTS, LLC
NEW Registered Office Address:
3458 LAKESHORE DRIVE

TALLAHASSEE, FL 32312

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.

Greg Orr
Greg Orr (0001 FL, MAY 10 10:00 AM)

Signature of a member or authorized representative of a member

Greg Orr

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.

Shawn Linan
Signature of Registered Agent

Shawn Linan, Assistant Secretary

FILED
2024 OCT 21 PM 3:06
SECTION OF STATE
TALLAHASSEE, FL