

970000039

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
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LLC REGISTERED AGENT CHANGE  
ASTHMA AND ALLERGY SPECIALISTS, LLC

Certificate of Status	0
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY** H22000220243

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: Asthma and Allergy Specialists, LLC

2. (a) 785 W. Granada Blvd. Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)  
Suite 2  
Ormond Beach, FL 32174

(b) 785 W. Granada Blvd. Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)  
Suite 2  
Ormond Beach, FL 32174

3. January 8, 1997 Date of filing/registration in Florida 4. 1.97000000039 Document number

5. (a) Edward McLaughlin  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
785 W. Granada Blvd.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 2  
Ormond Beach, FL 32174

(b) Weily Soong, M.D.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
785 W. Granada Blvd.  
**NEW Registered Office Address**:  
Suite 2  
Ormond Beach, FL 32174

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.

Edward McLaughlin M.D. Signature of a member or authorized representative of a member  
Edward McLaughlin, M.D. 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.

\_\_\_\_\_  
Signature of Registered Agent