

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
Fax Number : (800)432-3622

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

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**LLC REGISTERED AGENT CHANGE
ASTHMA AND ALLERGY SPECIALISTS, LLC**

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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. (b) 785 W. Granada Blvd.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Suite 2 Suite 2
Ormond Beach, FL 32174 Ormond Beach, FL 32174

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

Edward McLaughlin, M.D.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

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