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LLC REGISTERED AGENT CHANGE

ORIDA ORTHOPAEDIC INSTITUTE SURGERY CENTER, LLC

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To Page: 3 of 3 2023-10-13 08:37-52 CST 12122023573 From: David Thomas

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

Pursuant to the provisions of sections 605.01/4 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.

L N	ame of the limited liability company: FLORIDA ORTH	пораег	NC INST	TITUTE SURGER	RY CENTER, LLC		
2. (a)	LOGO VITELECOM DEWY	· · · · · · · · · · · · · · · · · · ·	(b) 13060 N TELECOM PKWY				
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.,		ss of limited liability com YBE POST OFFICE BO		
	TEMPLE TERRACE, FL 33637		TEMI	PLE TERRACE, I	TERRACE, FL 33637		
	10/11/1999		L99000	1006550			
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)	Culumber, Janone J						
υ. (α 7	Registered Agent and Registered Office shown on the records of	f the Fioric	la Dept. of	f State			
	Registered Office Address - <u>(MUST BE FLORIDA STREET</u> 13020 N TELECOM PKWY	.ADDRES	<u>S)</u>				
	TEMPLE TERRACE , FL	33637			2023 (
(b)	C.T Corporation System)CT 1	日本学	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				2023 OCT 13 PH 12: 4	EB ST	
	NEW Registered Office Address:						
	1200 South Pine Island Road				_		
	Plantation, FL	33324					
the cha agent was/wa	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reg ability c of the lir	istered o ompany nited lia	office and the bu , it is hereby com bility company o	siness office of the rafirmed that the chan	egistered (ge(s)	
3	Congress with	Kat	hryn Mc	Bride			
Signa	ture of a member or authorized representative of a member			Printed or typ	ped name of signee		
provis. the obt to mer	by accept the appointment as registered agent and agi ions 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. C T Corporation System // [12020] [19422]	ree to ac e perforn ed for in hereby c	rt in this nance of Chaptèr confirm i	capacity. I furt, i my duties, and i r 605, F.S. Or, i that the limited l	her agree to comply I am familiar with a I this document is he liability company ha	with the nd accept ang filed s heen	

Signature of Registered Agent Natalie Pickens, Assistant Secretary