(Requestor's Name)
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A. BUTLER 18 2023 81 MAL CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 344554 5042714
AUTHORIZATION:
COST LIMIT : \$ 25.00
ORDER DATE : January 11, 2023
ORDER TIME : 11:49 AM
ORDER NO. : 344554-312
CUSTOMER NO: 5042714
CHANGE OF AGENT
NAME: HTA - TALLAHASSEE SS HOSPITAL, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker
EXAMINER'S INITIALS:

## 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.

. Na	me of the limited liability company:	IASSEE	SS HOSPI	TAL, LLC				
. (a)	16435 North Scottsdale Road, Suite 320							
. (1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	-) <u></u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Scottsdale, AZ 85254	<del>-</del>					-	
	12/13/2010		M100000	05501				
	Date of filing/registration in Florida	4.		Document nui	mber	·	_	
. (a)	C T Corporation System							
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	1200 South Pine Island Road							
	Registered Office Address (MUST BE FLORIDA STREET	_						
				_		2023		
	Plantation	33324	<del></del>	_	: :	2023 JAH 17	* 1	
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		_			•	
(b)			_					
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		! !	PH	*****	
	Corporation Service Company			_	11.1 11.1 10.	3: 29		
	NEW Registered Office Address:				. ,			
	1201 Hays Street		_	<del></del>				
	Tallahassee, FI	32301						
nange gent w	imited liability company is not organized under the lar or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability co	State of F red office a ompany, it nited liabili	lorida, it is here nd the business is hereby confir ity company or a	office of the med that the	he regis he chan	tered ge(s)	
/s/ Ji	11 Cilmi	Jill	l Cilmi, Aut	horized Person	_	_		
_	ure of a member or authorized representative of a member			Printed or typed				
rovisie ne obli nere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is in writing of this change.	perjorin d for in ( hereby c	ance of my Chapter 60 onfirm that	pacity. I further duties, and I and 5, F.S. Or, if the limited liable Company	agree to c n familiar is docume ility comp	comply with ar nt is be any has	with the id accept ing filed i been	
	CluM Lev A	•		st. Vice Presid	ent			
ienatus	re of Registered Agent	_						