

4/15/22, 3:37 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M1200005266

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Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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**LLC REGISTERED AGENT CHANGE  
POPLAR HEALTHCARE, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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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: Poplar Healthcare, PLLC
2. (a) 3495 Hacks Cross Road Memphis, TN 38125  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 3495 Hacks Cross Road Memphis, TN 38125  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 09/19/2012  
Date of filing/registration in Florida
4. M12000005266  
Document number
5. (a) CHRISTOPHER, DONALD E  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
200 SOUTH ORANGE AVENUE, SUITE 2900 ORLANDO  
FL 32801
- (b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation FL 33324

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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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.

Eric Jensen  
Signature of a member or authorized representative of a member

Eric Jensen

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.

By: C T Corporation System

Christine Kern Assistant Secretary

Signature of Registered Agent

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