

M 1400000475C

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

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

Email Address: jmontoy@urscompliance.com

2022 JAN -3 PM 12:49

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**LLC REGISTERED AGENT CHANGE  
PIPELINE HEALTH HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 JAN -3 PM 4:01

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PIPELINE HEALTH HOLDINGS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Donnelly

Name of Person

PIPELINE HEALTH HOLDINGS LLC

Firm/Company

88 Kearny Street, 21st Floor, Suite 2103

Address

SAN FRANCISCO, CA 94108

City/State and Zip Code

jmontjoy@urscompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark at (800) 567-4397  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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: PIPELINE HEALTH HOLDINGS LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
88 Kearny Street, 21st Floor, Suite 2103  
SAN FRANCISCO, CA 94108

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
88 Kearny Street, 21st Floor, Suite 2103  
SAN FRANCISCO, CA 94108

3. 07/03/2014 Date of filing/registration in Florida

4. M14000004750 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
REGISTERED AGENTS INC.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7901 4TH STREET NORTH, SUITE 300  
ST. PETERSBURG, FL 33702

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
URS AGENTS, LLC  
NEW Registered Office Address:  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312

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STATE OF FLORIDA  
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.

Todd Donnelly  
Signature of a member or authorized representative of a member

Todd Donnelly  
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.

Kathy Clark  
Signature of Registered Agent