M14000004899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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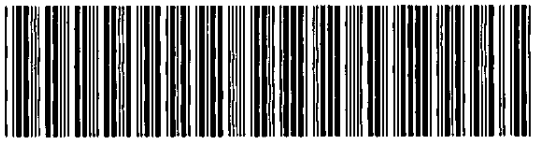

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FILED
2017 MAY -8 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
2017 MAY -8 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 09 2017
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 632071 7543726

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : May 8, 2017

ORDER TIME : 3:30 PM

ORDER NO. : 632071-015

CUSTOMER NO: 7543726

CHANGE OF AGENT

NAME: KF ANESTHESIA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS: _____

COVER LETTER

TO: *Registration Section*
Division of Corporations

SUBJECT: KF Anesthesia, 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:

Beverly Lowery, Paralegal Specialist
Name of Person

DLA Piper LLP (US)
Firm/Company

1201 West Peachtree Street, Suite 2800
Address

Atlanta, GA 30309-3450
City/State and Zip Code

CASSIE.SYME@CAREPLUSMP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Lowery, Paralegal Specialist at (404) 736-7838
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

INHS18 (2/14)

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: KF Anesthesia, LLC

2. (a) 1741 Hog Mountain Rd., Bldg. 200
Watkinsville, GA 30677
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 1741 Hog Mountain Rd., Bldg. 200
Watkinsville, GA 30677
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 7/10/2014
Date of filing/registration in Florida

4. M14000004899
Document number

5. (a) Paracorp Incorporated
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 Office Plaza Drive, 1st Floor
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Tallahassee, FL 32301

(b) Corporation Service Company
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street
NEW Registered Office Address:

Tallahassee, FL 32301

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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.

Signature of a member or authorized representative of a member

Cassie Syme
Printed or typed name of signee

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

Melissa Zender
Asst. Vice President

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

INHS18 (2/14)