## 11500005097

(Re	questor's Name)			
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10:	10-1-17'- (D)-1-1-1			
(Cit	y/State/Zip/Phone #	<del>፣</del> )		
□ 51014 UP				
☐ PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	<del> </del>		
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(Do	cument Number)			
Certified Copies	Certificates o	of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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A. RAMSEY JUN 2 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

e s

ACCOUNT NO. : I2000000195					
REFERENCE : 773206 7226307					
AUTHORIZATION: Consider Comments					
COST LIMIT : \$'25-00					
ORDER DATE : June 27, 2022					
ORDER TIME : 8:23 AM					
ORDER NO. : 773206-003					
CUSTOMER NO: 7226307					
CHANGE OF AGENT					
NAMES AND ADDRESS ADDRESS AND					
NAME: AW JFK NORTH MEDICAL ARTS, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					
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.

I. Na	ame of the limited liability company:   11780 US HIGHWAY ONE		MEDICAL ARTS, LLC (b) 11780 US HIGHWAY ONE	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 305		SUITE 3	05
	NORTH PALM BEACH, FL 33408		NORTH	PALM BEACH, FL 33408
	06/29/2015		M150000	05097
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	JONES FOSTER SERVICE, LLC			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Flo	rida Dept, of Sta	ite:
	505 S. FLAGLER DR., STE. 1100			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)	
	WEST PALM BEACH, F	3340	1	MM2 JUH 28 PM 12 52
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office	address:	- K 52
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee	3230 L	1	_
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regist ability of the l	ered office ar company, it imited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	/S/ Brian K. Waxman	В	rian K. Waxn	nan, President
-	ture of a member or authorized representative of a member			Printed or typed name of signee
l herei provisi he obl to mere notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address. It in writing of this change.	ree to c perfor d for it hereby	ict in this cap mance of my i Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
-	Drace t-Kubl,			
Signatu Grace	re of Registered Agent E. Kirby, Asst. Vice President of Corporation Service	e Comi	nany	