6/17/24, 3:22 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email	Address:		
	MUU: (33.		

LLC REGISTERED AGENT CHANGE DOC-1155 SE MONTEREY ROAD ASC, LLC

Certificate of Status	0
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Page Count	02
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JUN 1 8 2024

Signature of Registered Agent

To:

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. Na	ame of the limited liability company: DOC-1155 SE M	onterey Ro	ad ASC, LL	C		
2. (a)	4600 South Syracuse Street	(b) 4600 South Syracuse Street				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Suite 500		Suite 500			
	Denver, CO 80237		Denver, CO 80237			
	03/31/2016	N	M16000002752			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	SPI AGENT SOLUTIONS, INC.					
	Registered Agent and Registered Office shown on the records of the					
	1540 GLENWAY DR.					
•	Registered Office Address MUST BE FLORIDA STREET					
	TALLAHASSEE, FL	32301		~		
(b) .	, FL			2024.3		
	C T Corporation System			-		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>-</u> -		
				P11 12: .11		
	NEW Registered Office Address:			2:		
	1200 South Pine Island Road			r n		
	Plantation, FL	33324				
the cha agent w was/we the arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registe ability con f the limite limited lia	ered office apany, it is ed liability bility comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
	atalic Pickery	NATA		NS, MANAGER		
-	-			Printed or typed name of signee		
понунеа п	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. CT Corporation System AN L EMERICK, ASSISTANT SECRETARY		n this capa ice of my d apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		