MITCOCOUTIUG

(Requestor's Name)						
(Adaress)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
hed Copies Certificates of Status						
estal Instructions to Filing Officer.						
J. HORNE						
JAN 18 2023						

Office Use Only

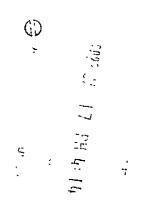


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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 344555 5042714 AUTHORIZATION : Agnelis Reman COST LIMIT : \$ 25..00 ORDER DATE: January 11, 2023 ORDER TIME : 2:16 PM ORDER NO. : 344555-379 CUSTOMER NO: 5042714

CHANGE OF AGENT

NAME: HTA-ORLANDO HOSPITAL MOB, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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.

	Nia	me of the limited liability company:	HOSPITAL MO	OB, LLC		
		16435 North Scottsdale Road, Suite 320	(b)			_
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited (Note: MAY BE POST	liability company:	
		Scottsdale, AZ 85254				
		06/02/2017	M1700	0004749		
3.	(a)	Date of filing/registration in Florida C T Corporation System	4.	Document number		
٥.	(a)	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road	ne Florida Dept. of	State:		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		2023 JAN 17 SECRETARY TALLAHASSI	TĪ.
		Plantation , FL_	33324		123 JAN 17 SECRETARY	,
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office address:		AM 9: 06 OF STE	O
		NEW Registered Office Address:		- 		
		1201 Hays Street				
		Tallahassee, FL_	32301			
ch ag	ange ent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	bility company.	, it is hereby confirmed the bility company or as other	at the change(s)	
tti		ill Cilmi	Jill Cilmi, A	Authorized Person		
	Signa	ture of a member or authorized representative of a member	Printed or typed name of			
th to	ovis. e obi	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	for in Chapter ereby confirm t	capacity. I further agree my duties, and I am famil 605, F.S. Or, if this docu that the limited liability ca vice Company	to comply with the factor with and accomment is being fill ompany has been	ie ept ed
			-	Asst. Vice President		