

M180000006009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

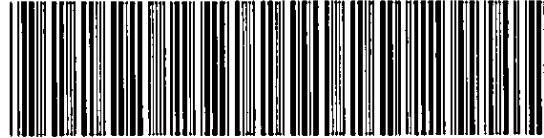
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000377504600

2022 JAN 24 AM 9:59

2022 JAN 24 PM 3:42

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

ACCOUNT NO. : I20000000195

REFERENCE : 377047 8257429

AUTHORIZATION :



COST LIMIT : \$ 25.00

-----  
ORDER DATE : January 13, 2022

ORDER TIME : 10:24 AM

ORDER NO. : 377047-025

CUSTOMER NO: 8257429  
-----

CHANGE OF AGENT

NAME: FI LINTON MEDICAL CENTER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**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: FI LINTON MEDICAL CENTER LLC
2. (a) 2 South Biscayne Boulevard  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Suite 200  
Miami, FL 33131
- (b) 2 South Biscayne Boulevard  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Suite 200  
Miami, FL 33131
3. 06/27/2018 Date of filing/registration in Florida
4. M18000006009 Document number
5. (a) Didier Choukroun  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2 South Biscayne Boulevard  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 200  
Miami, FL 33131
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Corporation Service Company  
**NEW Registered Office Address**:  
1201 Hays Street  
Tallahassee, FL 32301

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

Didier Choukroun

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

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