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To:

Division of Corporations

Fax Number : (850)617-6383

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

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LLC REGISTERED AGENT CHANGE ACCESS PHYSICIANS, PLLC, LLC

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M. SOLOMON

MAY - 1 2023

To:

16144554862

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.

	ame of the limited liability company: ACCESS PHYS 1717 MAIN STREET SUITE:5850				
Ç	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 \\'//	Mailing address of limited li- (Note: MAY BE POST O	ability company	:
	DALLAS, TX 75201		ALLAS, TX 75201		
	01/02/2020	M2	000000186		
3. 5. (a)	Date of filing/registration in Florida CAPITOL CORPORATE SERVICES, INC.	4.	Document number		 -
J. (a)	Registered Agent and Registered Office shown on the records of 515 EAST PARK AVENUE	f the Florida Dep	m, of State:		
	Registered Office Address (MUST BE FLORIDA STREET 2ND FLOOR	ADDRESS)		20:	
	TALLAHASSEE , F	32301		2023 APR	
(b) _	C T Corporation System			7R 28 A	ï
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u>.</u> <u>.</u>	#HII: 23	[7
	NEW Registered Office Address:	·		Ş71 2 3	
	1200 South Pine Island Road				
	Plantation , F	33324			
the cha agent w was/we the arm	imited liability company is not organized under the lange or changes are made, the Florida street address nyill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registere inhility compared the limited liabi	ed office and the business office any, it is hereby confirmed that liability company or as otherw lity company. DuBois, Manager	of the regist the change(s ise provided	tered
	ure of a member or authorized representative of a member		Printed or typed name of sig	-	
I herek provisio the obli to mere totifica	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in to e performance ed for in Chap hereby confi	his capacity. I further agree to e of my duties, and I am familia oter 605, F.S. Or, if this docum on that the limited liability com	comply with r with and ac- ent is being f pany has bee	the cept filed on
By: Signatur	CT Corporation System Jora Sawan	lori Sawan, A	ssist. Sec.		