2000006310

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OCT 28 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 155861

AUTHORIZATION : Spell

COST LIMIT

ORDER DATE : October 21, 2021

ORDER TIME : 9:05 AM

ORDER NO. : 155861-063

CUSTOMER NO: 8337846

CHANGE OF AGENT

NAME: VILLAGEMD NORTH FLORIDA ACO,

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.

1.	Name of the limited liability company: VILLAGEME	NORTH FLOR	RIDA ACO, LLC
2. (a	125 S. Clark Street, Suite 900	(b)	
``	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)
	Chicago, IL 60603		
	07/21/2020	M20	0000006310
3.	Date of filing/registration in Florida	_{4.}	Document number
5. (C T Corporation System		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dep	of. of State:
	1200 S. Pine Island Road		2
	Registered Office Address (MUST BE FLORIDA STREE	2021 OCT	
			93
	Plantation	33324	
		FL	
(I-	,		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address	AH 10: 2
	Corporation Service Company		7
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee,	FL_32301	
chang agent was/v the a	limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the city.	he registered of liability compa s of the limited he limited liabil	fice and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Jill Cilmi	- Jii Ciim	Printed or typed name of signee
I her provi the or to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change	Corporation S	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been ervice Company
Signa	ture of Registered Agent	Ami M. Caspe	er, Asst. Vice President