| (Requestor's Nar | me) | | | | |
|---|----------------|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certific | ates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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Y SULKER

OCT 28 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 155861 8337846

AUTHORIZATION : Small Home.

COST LIMIT : \$\frac{1}{25} \times 00

ORDER DATE: October 21, 2021

ORDER TIME : 9:04 AM

ORDER NO. : 155861-023

CUSTOMER NO: 8337846

CHANGE OF AGENT

NAME: VILLAGEMD CENTRAL FLORIDA, 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. | Na | me of the limited liability company: VILLAGEMD C | CENTRAL | FLORIDA, L | LC |
|------------------------------|---|--|---|---|---|
| 2. | (a) | 125 S. Clark Street, Suite 900 | (b |) | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | М | lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | Chicago, IL 60603 | | | |
| | | 10/21/2020 | | M20000009 | 454 |
| 3. | | Date of filing/registration in Florida | 4. | I | Document number |
| 5 | (a) | C T Corporation System | | | |
| ٥. | (a) | Registered Agent and Registered Office shown on the records of 1200 S. Pine Island Road | f the Florida | Dept. of State: | ج ۔ |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 1021 OCT 27 MIO: 45 |
| | | Plantation , F | L33324 | | 第2四 |
| | (h) | | | | SSE TO |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registere | | flice address: | |
| | | Corporation Service Company | | | |
| | | NEW Registered Office Address: | | | |
| | | 1201 Hays Street | | | |
| | | | | - | |
| | | Tallahassee , FI | L | | |
| ch: ag wa | ange ent w s/we | mited liability company is not organized under the la or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e registere iability cor of the limi | d office and npany, it is l ted liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| /s/ Jill Cilmi | | | Jill C | Jill Cilmi, Authorized Person | |
| | - | ure of a member or authorized representative of a member | | | Printed or typed name of signee |
| Il pro the to no | iereb ovisio obli mere tifiea | y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this exange | ree to act i performa ed for in C hereby con Corporatio | in this capace nce of my di hapter 605, nfirm that th n Service (| tity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been |
| | | | • | | Vice President |