

12/22/2020

Division of Corporations

# m20000010001

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO &amp; BOZARTH, P.A.

Account Number : 076077001702

Phone : (407)841-1200

Fax Number : (407)423-1831

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

Email Address: lperryman@deanmead.com

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## LLC REGISTERED AGENT CHANGE COE HOSPITAL REAL ESTATE, LLC

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**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: COE Hospital Real Estate, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
1285 Orange Avenue  
Winter Park, FL 32789

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
1285 Orange Avenue  
Winter Park, FL 32789

November 4, 2020 M20000010001

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Michael V. Jablonski, M.D.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1285 Orange Avenue  
Winter Park, FL 32789

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Dean Mead Services, LLC  
NEW Registered Office Address:  
420 S. Orange Avenue, Suite 700

Orlando, FL 32801

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

Michael V. Jablonski, M.D.

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.*

Dean Mead Services, LLC

By: Stephen R. Looney  
Signature of Registered Agent Stephen R. Looney, Vice President  
of Sole Member

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**

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