

9/22/21, 10:01 AM

Division of Corporations

m210003548453Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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Phone : (614)280-3338
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LLC REGISTERED AGENT CHANGE
SOUTH FLORIDA INSTITUTE FOR REPRODUCTIVE MEDICINE, LLC

Certificate of Status	0
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9/23/21

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: SOUTH FLORIDA INSTITUTE FOR REPRODUCTIVE MEDICINE, LLC

2. (a) 7300 SW 62 PLACE, 4th FLOOR (b) 7300 SW 62 PLACE, 4th FLOOR

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SOUTH MIAMI, FL 33143

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SOUTH MIAMI, FL 33143

2/26/2021

M21000002610

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

5. (a) EISERMANN, JUERGEN, DR.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7300 SW 62 PLACE, 4TH FLOOR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SOUTH MIAMI, FL 33143

C T Corporation System

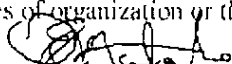
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.



Oscar Machado

Signature of a member or authorized representative of a member

Printed or typed name of signee

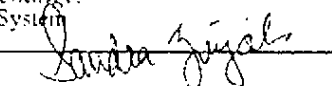
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

By:

C T Corporation System

Sandra Zwijack, Assistant Secretary

Signature of Registered Agent



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