

1421000012289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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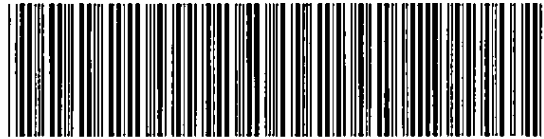
(Business Entity Name)

(Document Number)

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2022 MAY 23 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FL.

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2022 MAY 23 PM 4:46

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

5/25/2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 05/23/2022
Acc#I20160000072

en: c DW

Name:	Center for Reproductive Medicine, LLC
Document #:	
Order #:	14306063 - 19

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
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Ref# _____

Amount: \$ 55.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTER FOR REPRODUCTIVE MEDICINE, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monika Veleva

Name of Person

Inception Fertility

Firm/Company

4828 Loop Central Dr. Suite 900

Address

Houston, Texas 77081

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ()
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: CENTER FOR REPRODUCTIVE MEDICINE, LLC

2. (a) 1500 S. ORLANDO AVE., STE. 200 (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

WINTER PARK, FL 32789

09/16/2021

M21000012289

3. Date of filing/registration in Florida

4. Document number

5. (a) WEINGART, CHRISTINE L, ESQ.

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

315 E. ROBINSON ST., STE. 600

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

ORLANDO, FL 32801

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.

[Signature]
Signature of member or authorized representative of a member

Matthew K. Maruca

Printed or typed name of signer

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
[Signature] Sandra Zwiack, Assistant Secretary
Signature of Registered Agent

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2022 MAY 23 AM 9:32
TALLAHASSEE, FL
SOLICITOR OF STATE