

1421000015735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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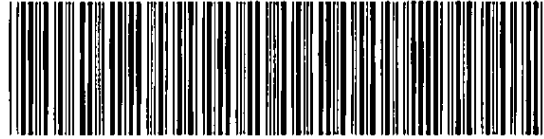
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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STUDY
TALLAHASSEE, FL

5/25/2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 05/23/2022

Acc#I20160000072

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Name:	The Reproductive Medicine Group, LLC
Document #:	
Order #:	14306063 - 24

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reproductive Medicine Group, 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:

Name of Person

at ()

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: THE REPRODUCTIVE MEDICINE GROUP, LLC

2. (a) 5245 E. FLETCHER AVE., STE. A (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

TAMPA, FL 33617

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

11/22/2021

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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.

DocuSigned by:

Signature of a 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:

Sandra Zwijack, Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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