

M/21000017700

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

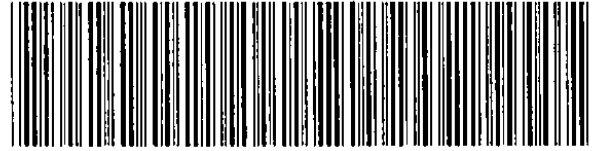
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

± Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

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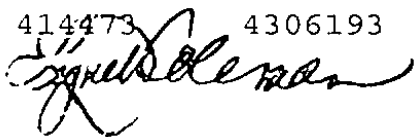
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JAN 26

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 414473 4306193  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : January 26, 2023  
ORDER TIME : 2:20 PM  
ORDER NO. : 414473-010  
CUSTOMER NO: 4306193  
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CHANGE OF AGENT

NAME: LAKESIDE SURGERY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyllena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lakeside Surgery, 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:

Eileen C. Downes  
Name of Person

Katten Muchin Rosenman LLP  
Firm/Company

525 W. Monroe St. Ste. 1900  
Address

Chicago, IL 60661  
City/State and Zip Code

jlehr@magrudereye.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen C. Downes at (312) 577-8215  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH OF  
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: Lakeside Surgery, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
1911 N. Mills Ave.  
Orlando, FL 32803

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
\_\_\_\_\_

3. 12/29/2021 Date of filing/registration in Florida

4. M21000017700 Document number

5. (a) Corporate Access, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
236 E. 6th Ave.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tallahassee, FL 32303

2023 JAN 26 AM 8:58

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1201 Hays Street  
NEW Registered Office Address:  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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  
Michael Wilson Michael Wilson  
Signature of 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.*

Eylina Bahor  
Assistant Vice President  
Signature of Registered Agent