

M22000003941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE
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2024 JAN 18 PM 3:28
TALLAHASSEE, FLORIDA

R. HUNT

01/15/24

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

ACCOUNT NO. : I20000000195
REFERENCE : 124395 8423450
AUTHORIZATION :
COST LIMIT : \$ 30.00

ORDER DATE : November 9, 2023

ORDER TIME : 1:05 PM

ORDER NO. : 124395-170

CUSTOMER NO: 8423450

CHANGE OF AGENT

NAME: UROTHERAPIES LLC

STATE
TALLHASSEE, FL

NOV 13 PM 3:53

JD

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

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: UROTHERAPIES LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

9010 STRADA STELL CT STE 103

NAPLES, FL 34109

Mailing address of limited liability company:

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

9010 STRADA STELL CT STE 103

NAPLES, FL 34109

03/09/2022

M22000003941

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:

HURSKAYA, ALESIA

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

9010 STRADA STELL CT STE 103

NAPLES, FL 34109

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

2024 MAR 18 PM 3:53
OFFICE OF STATE
SECRETARY, FL

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.

/s/ Daniel Conley

Signature of a member or authorized representative of a member

Daniel Conley, Authorized Person

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.

Grace E Kirby

Signature of Registered Agent

GRACE E KIRBY, ASST. VICE PRESIDENT