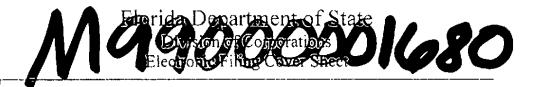
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2020 MAR



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000073537 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CARLTON FIELDS Account Number : 076077000355 Phone : (813) 223-7000

Fax Number : (813) 229-4133

**Enter the email address for this business entity to be used for future
annual report mailings | Enter only | annual report mailings. Enter only one email address please

LLC REGISTERED AGENT CHANGE JUPITER OUTPATIENT SURGERY CENTER, LLC

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Help

COVERIFIED

	COVER	TEL FISK
TO: Registration Section Division of Corporations		
SUBJECT:		
	of Limited L	iability 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:
Karen Davila, General Counsel		
Name of Person		
Jupiter Health, Inc.		
Firm/Company		
1210 S. Old Dixie Hwy		
Address		.
Jupiter, FL 33458		
City/State and Zip Code	-,	
karen.davila@jupitermed.com		
E-mail address: (to be used for future annua	al report noti	fication)
For further information concerning this matter, p	lease call:	
Karen Davila	561 at (263-3720
Name of Person	_ at (Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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 a	mount:	
■ \$25 Filing Fee	<u> </u>	SSS Filing Fee & Certified Copy
INHS13 (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. N	ame of the limited liability company: Jupiter Outpati	ent Surgery C	enter, LLC					
(-)	Principal office address of ilmited liability company: (Note: MUST BE STREET ADDRESS)		M	lailing address of limite				
	2055 Milltary Trail, Suite 100		2055 Milita	ry Trail, Suite 100				
	Jupiter, FL 33458		Jupiter, FL	33458				
	10/20/1999		1	M99000001680	(7)	~ >		
3.	Date of filing/registration in Florida	4.]	Document number		2020 MAR		
5. (a)					E 2	*	•	
J. (4)	Registered Agent and Registered Office shown on the records	of the Floride f	Dept. of State:			1	I.	
	H. Stacy Scroggins					Ċ٦	<u>.</u>	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)				P		
	1005 W. Indiantown Road, Suite 101				4 (1) 	PM 12: 47	ξ.	
	Jupite:	33458	-			Ţ 7		
		·						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> NRA1 Services, Inc.	red Office add	<u>ress</u> :	·				
	NEW Registered Office Address:							
	1200 South Pine Island Road	·						
	Plantation	33324						
change agent was/withe artificial Signa I here provisi the obtion mer	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the difference of a member of a	laws of the Sthe registered liability comes of the limited lia	itate of Flo I office and Ipany, it is led liability Ibility com In Seeley, M	the business office hereby confirmed company or as off pany. anager Printed or typed name with I further agree	e of the re that the ch nerwise pr of signee	gistered tange(s) ovided	in	
	Teilia - Paul							
Signatu	re of Registered Agent Helste Lond Pard Assistant Scoons							