## PO5 00009019a

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
J. HORNE JUN - 8 2022				

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DIVIČIUM DE CORJORATION TALLAHASSEE, FLORIDA

RECEIVED

PILED
2022 JUN -7 AM IO: 03
SECRETARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT	NO.	:	I20000000195
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REFERENCE : 723137 > 8276536

AUTHORIZATION: Spelle Ren

COST LIMIT : \$ 35.00

ORDER DATE: June 3, 2022

ORDER TIME : 4:36 PM

ORDER NO. : 723137-010

CUSTOMER NO: 8276536

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## CHANGE OF AGENT

NAME: CHEN MEDICAL MIAMI LAKES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of FL stered agent, or both, in the State of Florida.	-
1. The name of t	the corporation: CHEN MEDICAL MIA	MI LAKES, INC.	
2. The principal	office address: 5961 NW 173rd Drive	Miami, FL 33015	_
3. The mailing a	ddress (if different): 1395 NW 167 Str	eet Miami Gardens, FL 33169	- 
	poration/qualification: 06/23/2005	Document number: P05000090192	
5. The name and		l agent and registered office on file with the ned)	
	Chandler, Kathryn		
	1395 NW 167 Street		
	Miami Gardens	FL 33169	
6. The name and (if changed):	I street address of the new registered at Corporation Service Company	gent (if changed) and /or registered office SECRETARY	احدم احدم
			١
	1201 Hays Street P.O.		
	Tallahassee	FL 32301	; ' -
The street addre as changed will	ess of its registered office and the stre be identical.	et address of the business office of its registered agen	J I.
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	ed by its board of directors or by an officer so notified in writing of the change.	
$\mathcal{X}$	el & alpri	JILL CILMI, VICE PRESIDENT	
/ ·	re of an officer or director	Printed or typed name and title	
corporation has	the appointment as registered agent to comply with the provisions of all stated and accept the one filed merely to reflect a change in Service Company	and agree to act in this capacity. atutes relative to the proper and complete performan bligation of my position as registered agent. Or, if th the registered office address, I hereby confirm that the te.  06/06/2022	ce vis ve
by: 1,00 Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
GRACE E. KIRB	BY, ASST. VICE PRESIDENT		

\* \* \* FILING FEE: \$35.00 \* \* \*

Typed or Printed Name