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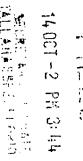
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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: September 30, 2014

Order#: 318603/034

Re: SFM UROLOGY III, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: SFM UROLOGY	III, LLC	
2. (a)	3343 State Road 7	(b)	
,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· (-/-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Wellington, FL 33449		
	04/29/2010		L10000046056
	Date of filing/registration in Florida	4.	Document number
i. (a)	Rajiv Patel		
. (-)	Registered Agent and Registered Office shown on the records of the	he Florida D	Dept. of State:
	3343 State Road 7		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	 _
		<u>_</u>	
		<u> </u>	
	Weltington , FL	33449	
(b)	Corporation Service Company		ress:
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	ess:
			55. F. 1
	1201 Hays Street		:
	NEW Registered Office Address:		
	Tallahassee ni	20204	
	Tallahassee , FL_	32301	
he cha igent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the forganization or the operating agreement of the law.	he registe bility com the limite	ered office and the business office of the register apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	-MU		Kajiv tatel
Signa	ture of Tinember or authorized representative of a member		Printed or typed name of signee
here rovisi ne obl mere otified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided elypeflect a change in the registered office address, I had dispuriting of this change.	e to act in performand for in Cha preby conf	n this capacity. I further agree to comply with th ace of my duties, and I am familiar with and acce apter 605, F.S. Or, if this document is being file aftern that the limited liability company has been
	re of Registered Agent Corporation Service Company		

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