

L 10000046198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399



CORPORATION SERVICE COMPANY

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#: 318603/013

Re: SFM RADIATION, 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

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 FALLS CHURCH, VA
 2014

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. Name of the limited liability company: SFM RADIATION, LLC

2. (a) 3343 State Road 7 (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

_____ Wellington, FL 33449 _____

3. 04/29/2010 4. L10000046198
Date of filing/registration in Florida Document number

5. (a) Rajiv Patel
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3343 State Road 7
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
_____ Wellington, FL 33449 _____

(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 _____

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TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member Rajiv Patel
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 the change.

Signature of Registered Agent Sylvia Queppet BY: Sylvia Queppet, Assistant Vice President
Corporation Service Company