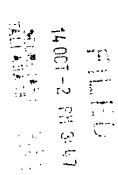


(Requ	uestor's Name)								
(Addr	ess)								
(Address)									
(City/State/Zip/Phone #)									
PICK-UP		MAIL							
(Busi	ness Entity Na	me)							
(Document Number)									
Certified Copies	Certificate	s of Status							
Special Instructions to Filing Officer:									





10/02/14--01002--014 **25.00





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#: 318603/047

Re: SFM UROLOGY XVII, 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.	Na	me of the limited liability company: SFM UROLOG	Y XVII, L	LC				
2.	(a)	3343 State Road 7 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Wellington, FL 33449						
		04/06/2012	<u> </u>	L120000				
 3. 5. 	(a)	Date of filing/registration in Florida Rajiv Patel	4.		Document number			
		Registered Agent and Registered Office shown on the records of 3343 State Road 7 Registered Office Address (MUST BE FLORIDA STREET)						
	(1.)	Wellington , FI	L <u>33449</u>)		Processing to the second	14 007	Mar ave
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street	d Office ad	dress:	~		77 - 2 PH	*****
		NEW Registered Office Address:			_		3: 3: 1: 1:	ham.
		Tallahassee, FI	L <u>32301</u>		_			
th ag with	e cha gent v as/we e arti	imited liability company is not organized under the launge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of another or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete	f the reginability confidence of the limited l	stered office ompany, it nited liability con Ro	the and the business of is hereby confirmed ty company or as other mpany. Printed or typed name process.	office of the that the charmise pro-	registe ange(s) vided i	ered in
no	iijied	of accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide the professor of the provide agent as provided in writing of this change. The of logistered Agent Corporation Service Company			the limited liability cppet, Assistant Vic			ieu n