## 12000075968

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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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#: 318603/014

Re: SFM RADIATION II, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$25.000.

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.

2 (2)	3343 State Road 7	(b)						
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	Wellington, FL 33449	<del></del>	****					
	06/05/2012		L1200007	75968				
3.	Date of filing/registration in Florida	4.		Document number				
5. (a	) Rajiv Patel							
(b)	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of State	<b>:</b> :				
	3343 State Road 7			_				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)						
	Wellington , FL	, 33449		-	<del></del> 1			
	Company					14(		
	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	-	12 -13	)CT	**************************************	
						-2	(hromes.	
	1201 Hays Street					70	- dare	
	NEW Registered Office Address:			•		TA.	iganis vis, E <sub>leg</sub>	
	·				A	3: 46	•	
	Tallahassee , FI	32301_		-				
the chagent was/vethe ar	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of prember or authorized representative of a member	f the regist ability cor of the limi limited li	ered office npany, it is ted liability ability con	e and the business of shereby confirmed to y company or as oth apany.  Printed or typed name	ffice of the chart the cha	ne reg hange rovide	istered	
the oi to me notifi	eby accept the appointment as registered agent and agrees of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.  The state of the sent Corporation Service Company	d for in C hereby co	hapter 603 nfirm that	acity. I further agreduties, and I am fam, F.S. Or, if this does the limited liability of the protection of the control of the limited liability of the liabi	cument is company	s being has b	ith the accept g filed seen	

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