



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PATH MEDICAL, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darleen McEwen  
Name of Person

PATH MEDICAL, LLC  
Firm/Company

2304 W OAKLAND PARK BLVD  
Address

FT LAUDERDALE, FL 33311  
City/State and Zip Code

information@pathmedical.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darleen McEwen at ( 954 ) 735-6584  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**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: PATH MEDICAL, LLC

2. (a) PATH MEDICAL, LLC (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)*

2304 W OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33311

10/16/2015 L15000192817

3. Date of filing/registration in Florida 4. Document number

5. (a) C T CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*


PLANTATION, FL 33324

(b) PATH MEDICAL ACQUISITION COMPANY, INC.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2304 W OAKLAND PARK BLVD  
**NEW** Registered Office Address:

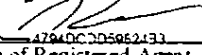
FT LAUDERDALE, FL 33311

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 ~~PRINCIPAL~~ authorized representative of a member

ROB ADAMS  
Printed or typed name of signee

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 this change.

  
Signature of Registered Agent