M07000004708

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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: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: May 15, 2017

Order#: 623627-119

Re: THE KISSIMMEE FL ENDOSCOPY ASC, 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 Please return evidence to the following:

Attn: Rachel O'Hayer c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

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	Name of the limited liability comp	any: THE KISSIMM	MEE FL EN	DOSCOPY	ASC, LLC	
2. (a)	1A BURTON HILLS BLVD		(b)	(b) 1A BURTON HILLS BLVD		
	Principal office address of limi (<i>Note: MUST BE STRE</i>	• • •		M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	NASHVILLE, TN	37215		NASHVIL	LE, TN 37215	
	08/03/2007			M0700000	4708	
3.	Date of filing/registrati	on in Florida	4.		Document number	
5. (a) NRAI SERVICES, INC					
J. (L	Registered Agent and Registered Offic	e shown on the records o	f the Florida	Dept. of State:		
	1200 SOUTH PINE ISLAND F	ROAD				
		BE FLORIDA STREET	ADDRESS)			
	Plantation		L <u>33324</u>		17 HAY SEORET TALLAHI	
(b)	Corporation Service Company				FIL 17 ASSE	
	Enter name of NEW Registered Agen 1201 Hays Street	t and/or <u>NEW Registere</u>	ed Office add	ress:	PH 1: COF STA EE, FLOR	
	NEW Registered Office Address:			<u> </u>	ZE ZE	
	Tallahassee	, F	L_32301			
the chagent was/v the ar Sign I hero provise the obto means.	range or changes are made, the Flowill be identical. Or, in the case of vere authorized by an affirmative vicels of organization or the operation of a member or authorized representative of a member or authorized representative of a member of of a me	orida street address of a Florida limited levote of the members ting agreement of the tative of a member	of the regist iability cor of the limited limi	ered office npany, it is ted liability ability complimi, Authoriting this capa	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. ized Person Printed or typed name of signce city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Signat	ure of Registered Agent Corporation	Service Company	BY: Gr	ace E. Kirt	by, Assistant Vice President	
	Division of C	Cornerations P O	Boy 6327	Tallahess	oo El 32314	