## M1000004554

(Re	equestor's Name)							
(Ac	ldress)							
(Address)								
(Ci	ty/State/Zip/Phon	e #)						
PICK-UP	☐ WAIT	MAIL						
(Ви	isiness Entity Nar	me)						
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
		,						

Office Use Only



700299059927

05/17/17--01011--026 \*\*25.00

SECRETARY OF STATE

J. HARRIS



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#: 623627-027

Re: SURGERY CENTER OF VOLUSIA, 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.

OUCA.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: SURGERY CENT	TER OF	VOLUSIA,	LLC					
2.	(a)	1A BURTON HILLS BLVD,		(b)1A BURTON HILLS BLVD,  Mailing address of limited liability company:						
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		IV.	Nate: MAY BE POS		-			
			_							
		NASHVILLE, TN 37215	_	NASHVIL	LE, TN 37215					
		10/15/2010	_	M1000000						
3.		Date of filing/registration in Florida	4.		Document number					
5.	(a)	NRAI SERVICES, INC								
		Registered Agent and Registered Office shown on the records of the	e Florida l	Dept, of State:	: <u></u>	-4	63'			
		1200 SOUTH PINE ISLAND ROAD		இம் இ நாக் இ				****		
Registered Office Address (MUST BE FLORIDA STREET A			DDRESS)		Ž	3 [				
					Ž		I YAM	Special services	**	
					, ,	g≅		Bankhadi E		
		Plantation , FL_	33324			<u> </u>	2			
	<b>(L)</b>	Corporation Soning Company			Š	STATE	9: 00			
	(b)	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered Office address:			Ţ	₽₩	20			
		Enter name of the Wicegistered Agent and/or MEW Registered of	Jine auu		•					
		1201 Hays Street								
		NEW Registered Office Address:								
			<del></del>	<del>_</del>						
		Tallahassee , FL	32301							
the ag	e cha ent w as/we	mited liability company is not organized under the lawsing or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the liability.	he regist oility con the limi imited li	ered office npany, it is ted liability ability com	and the business of thereby confirmed company or as oth	ffice that t	of the he ch	registere ange(s)	ed	
	Signat	ure of a member or authorized representative of a member			Printed or typed name	of sign	nee		_	
I pr the to no	herel ovisi e obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	performa for in C pereby co	nce of my a hapter 605, nfirm that t	acity. I further agree duties, and I am fan , F.S. Or, if this do the limited liability by, Assistant Vice	niliar cume comp	with nt is l pany h	and acce being file as been	e pt d	
		Division of Company	(227	. Mallak	EV 22214					