## M10000005143

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

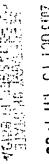
Office Use Only



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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: Vera M. Norris

Date: October 11, 2013

Order#: 839777-027

Re: DOMINION DIAGNOSTICS HOLDINGS, 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: Vera M. Norris

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.

QUCA.XCOA

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: DOMINION DIA	GNOSTICS HOLDINGS, LLC	
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 211 Circuit Drive North Kingstown, RI 02852	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	211 Circuit Drive North Kingstown, RI 02852	
11/22	/2010	M10000005143	
3. Da	te of filing/registration in Florida	4. Document number	The Car
5. (a)	) Registered Agent and Registered Office shown on	the records of the Florida D	Dept. of State:
	Registered Agent:	CT Corporation System	<u> </u>
	Registered Office Address:	1200 South Pine Road Plantation, FL 33324	PR : 50
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addr	<u>ess</u> :
	NEW Registered Agent:	Corporation Service Compa	any
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
		Tallahassee	,FL 32301
confir and th liabilit the me the op	limited liability company is not organized under the med that after the change or changes are made, the F he business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwise rating agreement of the limited liability company.	lorida street address of the lical. Or, in the case of a FI	registered office
	Priebe, Authorized Person or typed name of signee	_	
I here compl and I i Chapt addres By:	the provision of all statutes relative to the provisions of all statutes relative to the promise am familiar with and accept the obligations of my poer 608, F.S. Or, if this document is being filed to me ss. I hereby confirm that the limited liability company the ordered Agent Corporation Service Company	gree to act in this capacity, oper and complete perform sition as registered agent a rely reflect a change in the y has been notified in writing.	I further agree to ance of my duties, as provided for in registered office ag of this change.

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

Corporation Service Company Sylvia Queppet, Asst VP