M15000007080

(F	Requestor's Nar	me)
(A	Address)	
(A	Address)	
(0	City/State/Zip/Pi	hone #)
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PICK-UP	☐ WAIT	MAIL MAIL
(E	Business Entity	Name)
(C	Ocument Num	ber)
Certified Copies	Certific	cates of Status
Special Instructions t	o Filing Officer:	

Office Use Only



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04/13/17--01010--018 **25.00



ADD 1 1 2017
Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 11, 2017

Order#: 568697-020

Re: ADVANCED CLINICAL LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Ami Casper

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

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.

l. N	lame of the limited liability company: ADVANCED CLI	INICAL L	-LC	
2. (a)	· · · · · · · · · · · · · · · · · · ·	(b)	′	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limi (Note: MAY BE PO	
	Maitland, FL 32751	_	Chicago, IL 60604	
	09/04/2015		M15000007080	
3.	Date of filing/registration in Florida	4.	Document number	r
5. (a) Michelle Torres			
(Registered Agent and Registered Office shown on the records of the	he Florida l	Dept. of State:	
	151 Southhall Lane, #101			
	Registered Office Address (MUST BE FLORIDA STREET A			
				
	Maitland FL	32751		
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	iress:	17
	4004 11 Over 1			75 10 20
	1201 Hays Street NEW Registered Office Address.			20 4
	registered Office Address.			÷
				2
			•	
	Tallahassee , FL	32301		हिन्दू ध क
the ch agent was/w the are	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial pregauthorized by an affirmative vote of the members of itselfs of organization or the operating agreement of the l	the regist bility cor the limit imited lia	tered office and the business of impany, it is hereby confirmed ited liability company or as ot	office of the registered that the change(s)
Sign	andre of a member or authorized representative of a member		Printed or typed name	e of signee
provis the ob to mei	the accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in writing of this change.	ee to act i performa. I for in Ci ereby coi	in this capacity. I further agr nice of my duties, and I am fa hapter 605, F.S. Or, if this di infirm that the limited liability	ee to comply with the miliar with and accept ocument is being filed company has been
Signat	ure of Registered Agent Corporation Service Company	BY: An	mi M. Casper, Asst. Vice Pr	resident