

MIL 000003266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

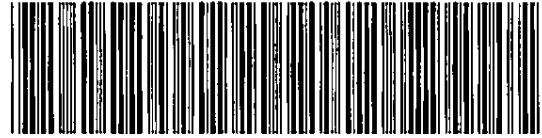
(Business Entity Name)

(Document Number)

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2018 JUN -5 PM 2:51
TALLAHASSEE, FLORIDA

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: ASCLEPES RESEARCH CENTERS MANAGEMENT, LLC

2. (a) 8425 Balm Street (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

Weeki Wachee, FL 34607 _____

3. 04/20/2016 4. M16000003266
 Date of filing/registration in Florida Document number

5. (a) Registered Agent Solutions Inc
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 Office Plaza Drive, Suite A
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Tallahassee, FL 32301

(b) Corporation Service Company
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street
 NEW Registered Office Address:
Tallahassee, FL 32301

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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.

/s/ Anil Sharma, M.D.
 Signature of a member or authorized representative of a member

Anil Sharma, M.D., Authorized Person
 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 Corporation Service Company BY: Ami M. Casper, Asst. Vice President