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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: Mary Rivers mary.rivers@cscglobal.com

Date: June 23, 2016

Order#: 141726/087

Re: UNITED STATES MEDICAL SUPPLY, 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 Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

INCA.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: UNITED STAT	res medi	CAL SUPPL	LY, LLC
2.	(a)	8260 NW 27TH ST #401 Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)		1,	(Note: MAY BE POST OFFICE BOX)
		MIAMI, FL 33122			
		08/14/2015		L1500013	34708
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	ZACHARY SCHIFFMAN			_
	. ,	Registered Agent and Registered Office shown on the records o	of the Florida	Dept. of State	: :
		8260 NW 27TH #401			_
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	Į	
					_
		MIAMI . F	L 33122		₹
		,,,	L_OOTEE		- 二
	(b)	Corporation Service Company			JUN 27
	` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office add	iress:	\$388 \$388
					iga 🗷 m
		1201 Hays Street			- <u> </u>
		NEW Registered Office Address:			
					<u>-</u>
		Tallahassee , F	L 32301		-
If	the li	mited liability company is not organized under the la	aws of the	State of Flo	orida, it is hereby confirmed that after
the ag	e cha ent v	nge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited by	of the regis liability co	stered office mpany, it is	e and the business office of the registered s hereby confirmed that the change(s)
wa	is/we	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of th	of the lim	ited liability	y company or as otherwise provided in
ıne	aru			-	
_	Signat	ure of a premier or authorized representative of a member	3111 (Jimi, Autho	Printed or typed name of signee
I hereby accept the appointment as registered opent and garee to act in this capacity. I further garee to comply we					
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be to morely reflect a change in the registered office address, I hereby confirm that the limited liability company has a charge the registered of the charge in the charg					
to no	mere tifie	Ty reflect a change in the registered office address, this change.	I hereby co	onfirm that i	the limited liability company has been
		Chare CANDID			
Si	gnatu	re of Registered Agent Corporation Service Company	BY: G	race E. Kir	rby, Assistant Vice President