## Flactuaque

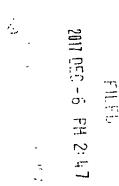
· (Pa	questor's Name)			
(176	questor s Name)			
(Ad	dress)	<u> </u>		
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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12/08/17--01018--022 \*\*35.00



C. GOLDEN

DEC - 7 2017.



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: December 4, 2017

Order#: 931041-013

Re: PDA HOLDINGS OF FLORIDA, INC.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 251 Little Falls Drive 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 CORPORATIONS

statement of cha	nge is submitted for a corpo	9502, 617.0502, 607.1508, or 617.1508, F oration organized under the laws of the St flice or registered agent, or both, in the St	ate of Delaware
<u> </u>		NS DIALYSIS GROUP, INC.	·
2. The principal	office address: 19559 NE 1	0th Avenue, North Miami Beach, FL 331	79
3. The mailing a	ddress (if different):	78479	
4. Date of incorp	poration/qualification: 01/2	0/2010 Document number: F	10000000296
	I street address of the currer timent of State: (If resigned,	nt registered agent and registered office or , enter resigned)	file with the
	NRAI Services, Inc		· · · · · · · · · · · · · · · · · · ·
	1200 South Pine Island Ro	pad	2017 CI
	Plantation	FL 33324	
6. The name and (if changed):	ered office PR 2:		
	Corporation Service Comp	pany	\$ 5
	1201 Hays Street		
	Tallahassee	P.O. Box NOT acceptable FL 32301	
	- Tananassec		
The street addre as changed will	ss of its registered office a be identical.	nd the street address of the business offic	ce of its registered agent,
Such change wa authorized by th	s authorized by resolution te board, or the corporation	duly adopted by its board of directors or has been notified in writing of the chang	by an officer so ge.
رن 🔀	i E. agni	Jill Cilmi	Vice President
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisio my duties, and I am familia 's document is being filed n	Printed or typed name of the capacity of all statutes relative to the proper or with and accept the obligation of my parely to reflect a change in the registere are notified in writing of this change.	ty. nd complete position as registered
By: Drace	a Cokuble	12/04/2017	
_	nature of Registered Agant	Date	
0 0	half of an entity:		
	Asst. Vice President  ped or Printed Name		
13	pea or rimed riune		

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*