F15000004927

(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	es Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only



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JAN 28 2016 T. LENGIEUX



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 25, 2016

Order#: 957055-238

Re: SURGERY PARTNERS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Grace Kirby 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 CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	mized under the	laws of the	State of	DE	
1. The name of t	he corporation: SURGERY PARTNER:	S, INC.				
	office address: 40 Burton Hills Bouleva		lashville, Ti	N 37215		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 11/06/2015	Docume	ent number:	F15000	004927	
	street address of the current registered tment of State: (If resigned, enter resign		tered office	on file w	ith the	
	CT Corporation System					
	1200 South Pine Island Road					
	Plantation	F	L 33324			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office					
	Corporation Service Company			SSE ESS		
	1201 Hays Street			+11 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T) jewj	
	P.O. Box NO Tallahassee		L 32301	是黑	F: 50	
The street addre	ss of its registered office and the street be identical.	t address of the	business of	ffice of it	<u>-</u>	
Such change wa authorized by th	s authorized by resolution duly adopte the board, or the corporation has been no	d by its board o	of directors ag of the cha	or by an ange.	officer so	
0	6	Dona Priebe	, Vice Pres	ident		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent at comply with the provisions of all stamy duties, and I am familiar with and its document is being filed merely to retait the corporation has been notified nervice Company	nd agree to act tutes relative to accept the oblig lect a change in	the proper gation of my n the registe	acity. and come obsition	iplete i as registered	
By: Y)	January 20, 2016					
	Tature of Registered Agent		Date			
	half of an entity:					
<u> </u>	Asst. Vice President					
1)	pos or remed rame					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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