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ë		Account Name	: LEGALINC CORPORATE SERVICES INC.	. 0	
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4		Phone	: (844)386-0178		
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REGISTERED AGENT CHANGE AKUMIN CORP.

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To: 18506176380 From: 12147128131 Date: 12/16/19 Time: 4:19 PM Page: 02/02

(((H19000362425 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: <u>AKUMIN CORP.</u>

2. The principal office address: 8300 WEST SUNRISE BLVD., PLANTATION, FL 33322

3. The mailing address (if different): ______

4. Date of incorporation/qualification: _____ Document number: ______ Document number: ______

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATE CREATIONS NETWORK, INC.

11380 PROSPERITY FARMS ROAD #221E

PALM BEACH GARDENS, FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS BLVD, SUITE 400

P.O Box NOT acceptable

FORT MYERS, FL 33907

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

12/13/2019

Rohit Navani

Date

D

Franted or typed name and title

If signing on behalf of an entity:

Nancy Luna

Typed or Printed Name

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

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