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CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if knov	vn):
1(Corporation Name)	(Document #)	
2. (Corporation Name)	— (Document #)	
3(Corporation Name)	(Document #)	FILED AUG 25 PM CRETARY OF LAHASSTE,
4(Corporation Name)	= (Document #)	E a
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	Certified Copy
NEW FILINGS	<u>AMENDMENTS</u>	
 □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other 	Amendment Resignation of R.A., Change of Registered Dissolution/Withdrav Merger	Agent $() $ $) $
OTHER FILINGS	REGISTRATION/QUA	LIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	J. C.
		Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or voin, in the State of Livitian.
1. The name of the limited liability company is: Precision Health Leasing, LLC.
2. The mailing address of the limited liability company is :
6506 Spyglass Lane, Bradenton, FL 34202
May 15, 2000 3. Date of filing/registration in Florida L000005779 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Cheryl Lynn Davis Name
6506 Spyglass Lane Address
Bradenton FL 34202 Sep 3
6. The name and address of the new registered agent and/or office:
Name Name 2180 Park Avenue North Suite 100 57 Florida street address (P.O. Box NOT acceptable)
Winter Park FL 32789 City, State and Zip
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. (Signature of a member or authorized representative of a member)
(Signature of a member of authorized representative of a member)
(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 608, 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)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314