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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
(Only) older 2 pri Hollo II)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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RAGRO Charge

1022 MAY 17 PM 3: 30

A RAMSEY MAY 18 2022 RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE : 663911 757349

AUTHORIZATION : Spulled

COST LIMIT : (\$ 25.00

ORDER DATE: May 7, 2022

ORDER TIME : 1:18 PM

ORDER NO. : 663911-108

CUSTOMER NO: 7573497

CHANGE OF AGENT

NAME: ARA-SEBRING DIALYSIS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
SS PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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.

2. (a)	500 Cummings Center	(b)	500 Cummings Center
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 6550		Suite 6550
	Beverly, MA 01915		Beverly, MA 01915
	06/04/2002	I	L02000013610
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	PLANTATION . FL	33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company		PRZ MAY 17 PA IZ 19
	NEW Registered Office Address:		5
	1201 Hays Street		
	Tallahassee FL	32301	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cress of organization or the operating agreement of the	registered bility cor f the limi limited lia	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signa	of member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	w aecept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	performa	nce of my duties, and I am familiar with and accept
-	Drace Cokubi.	Gra	ice E. Kirby, Asst. Vice President

Signature of Registered Agent