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| (Requestor's Name) | | | | | |
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| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|--|--|--|--|--|
| CORAL WAY MEDICAL GROUP, LLC | | | | | |
| Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| ANdres Redondo Name of Person | | | | | |
| CORAL Way Medical GRoup Firm/Company | | | | | |
| 3/8/ S.W. 22 St. Address | | | | | |
| MiAm: FC. 33145 | | | | | |
| City/State and Zip Code | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Andres Redondo at 305, 342-7884 | | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | | | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| □ \$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy | | | | | |

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.

| A 1811 CORAL WAY Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) MIAMI, FL 33145 MIAMI FL 33 | 1. Name c | of the limited liability company: CORAL WAY | MEDIC | CAL GRO | OUP, LLC |
|--|--|--|--|---|--|
| Principal office address of limited liability company: (Nate: MIST BE STREET ADDRESS) MIAMI, FL 33145 MIAMI FL 33135 MIAMI FL 33135 MIAMI FL 33135 MIAMI FL 33135 MIAMI FL 33145 FINE Registered Office Address MIAMI FL 33145 FINE Registered Office Address MIAMI FL 33145 MIAMI FL 33145 FL 33145 MIAMI FL 33145 FL 33145 MIAMI FL 33145 MIAMI FL 33145 MIAMI FL 33145 FL 33145 MIAMI FL 33145 MIAMI FL 33145 FL 33145 MIAMI FL 33145 FL 33145 MIAMI FL 33145 FL 33145 MIAMI FL 33145 MIAMI FL 33145 FL 33145 MIAMI FL 33145 FL 33145 MIAMI FL 331 | 2. (a) 318 | 1 CORAL WAY | (b) 3181 CORAL WAY | | |
| T/29/2002 Date of filing/registration in Florida Document number LAW OFFICES OF CARRILLO & CARRILLO, P.A. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3676 S.W. 2 STREET Registered Office Address MIAMI FL 33135 MIAMI FL 33135 FL 33135 FL 33145 The himited 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 under util be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) vas/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in earticles of Manual and an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of Manual and an are gistered agent as provisions of all statutes relative to the proper and complete performance of my dutics, and I am familiar with and accept the appointment as registered agent as provided for in Chapter 603, F.S. Or, if this document is being file or machine of the Manual and I am familiar with and accept to a member of the Manual and I am familiar with and accept to a member of the Manual and I am familiar with and accept to a member of the Manual and I am familiar with and accept the appointment as registered agent as provided for in Chapter 603, F.S. Or, if this document is being file or member to the proper and complete performance of my dutics, and I am familiar with and accept the appointment as registered agent as provided for in Chapter 603, F.S. Or, if this document is being file or member to the proper and complete performance of my dutics, and I am familiar with and accept the proper and complete performance of my dutics, and I am familiar with and accept to the proper and complete performance of my dutics, and I am familiar with and accept to the proper and complete perf | (=) | · · · · · · · · · · · · · · · · · · · | _ | , <u></u> | |
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 MY COMMISSION # GG 199533 EXPIRES: July 22, 2022

Bonded Thru Notary Public Unders

Signature of Registered Agent