Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003033483)))



H190003033483ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone : (214)317-4754 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emmil Address:_

LLC REGISTERED AGENT CHANGE IMAGING CENTER OF WEST PALM BEACH LLC

والمراب والمناف والمرابع والمرابع والمناول والمرابع والمناول والمناول والمناول والمناول والمناول والمناول والم	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

6:37 - 75:3

To: 18506176383 From: 14693173436 Date: 10/11/19 Time: 1:40 PM Page: 02/02

(((H190003033483)))

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.

Name of the	limited liability company: Imaging Co	enter of West	Palm Beach LLC	
Prin	cipa) office address of limited liability company (Note: MUST BE NTREET ADDRESS)		(b)	
8300 W	/. Sunrise Blvd.	83	8300 W. Sunrise Blvd.	
Plantat	ion, FL 33322	PI	Plantation, FL 33322	
01/27/2	2003	LO	L03000003707	
	Date of filing/registration in Florida	4.	Document number	
а)				
Registered .	Agent and Registered Office shown on the record	s of the Florida Dep	of Of State.	
Corpora	ate Creations Network Inc.			
•	Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
	Prosperity Farms Road #221E			
	Beach Gardens	33410		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
)	of NEW Registered Agent and/o NEW Regist			
Enter name	of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office address	20.1	
LEGAL	INC CORPORATE SERVICES IN	NC		
NEW Reg	istered Office Address.			
5237 S	UMMERLIN COMMONS BLVD, S	SUITE 400		
FORT	MYERS	₁₇₁ 33907		
		, F1,	_ 	
change or change will be identified authoristicles of organized authoristicles of organized and the change of the	anges are made, the Florida street address	ss of the registers ed liability comp ers of the limited f the limited liab	ate of Florida, it is hereby confirmed that after ed office and the business office of the register pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company. Navani	
nature of a mer	mber or authorized representative of a member		Printed or typed name of signee	
ereby accept visions of all obligations of verely reflect fred in writin	the appointment as registered agent and statutes relative to the proper and comp my position as registered agent as proaction as the action of this change in the registered office address g of this change.	l agree to act m nlete performanc vided for in Cha is, I hereby confi	this capacity. I further agree to comply with ti se of my duties, and I am familiar with and acc apter 605, F.S. Or, if this document is being fil- irm that the limited liability company has been	
alture of Regard		-	(((H190003033483)))	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00