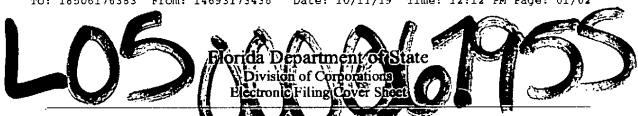
To: 18506176383 From: 14693173436 Date: 10/11/19 Time: 12:12 PM Page: 01/02



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Division of Corporations

Fax Number : (850)517-6383

From:

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Account Number : I20180000011 Phone : (844)386-9178 : (214)317-4754 Fax Number

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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.

1. Na	ame of the limited liability company: Advanced Di	agnosti	c Resource	s, LLC			
2 . ()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		(b)				
	8300 W. Sunrise Blvd.	8300 W. Sunrise Blvd.					
	Plantation, FL 33322		Plantation, FL 33322 L05000067955				
	07/11/2005						
3.	Date of filing/registration in Florida	- 4.		Document п	umber		
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept of State.				
	Corporate Creations Network Inc.						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	11380 Prosperity Farms Road #221E	ns Road #221E					
	Palm Beach Gardens , FI	. 33410)		2919		
(1.)				<u> </u>	130		
(p)	Enter name of NEW Registered Agent and/or NEW Registered Office address					1.	
	LEGALINC CORPORATE SERVICES INC.				Þ	State of the state	
	NEW Registered Office Address.		(3) 5 7 20 7 7 20 8 8 9	4	Par _k i go		
	5237 SUMMERLIN COMMONS BLVD, SU	ITE 400	<u> </u>	<u> </u>	جه دن		
	FORT MYERS	_L 33907	7				
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Rohit Navani	of the reg liability of of the line e limited	istered office company, it is mited liability liability componit Navani	and the bus hereby con company o pany.	iness o firmed r as oth	Hice of the registered that the change(s) nerwise provided in	
Signa	iture of a member or authorized representative of a member			Printed or typ	ed name	of signee	
provis the ob to mer notifie	thy accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, and writing of this change.	gree to a e perfon ed for in Thereby	ct in this capa nance of my d Chapter 605, confirm that th	unes, and 1 F.S. Or, if he limited l	am jan this do ability	ee to comply with the niliar with and accept ocument is being filed company has been 1303 139 3)))	
Signati	ine of Registered Agent			(***-			

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