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## LLC REGISTERED AGENT CHANGE MEDEXPRESS DEVELOPMENT, LLC

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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 Elwida.

l. Na	me of the limited liability company: MEDEXPRESS D	EVELO	PMENT, L	LC			
2. (a)	MedExpress Development, LLC	(b	·)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address (Note: 31A)	s of limited	liability co	ompany:
	423 Fortress Blvd.	423 Fortress Blvd.					
	Morganiown, WV 26508	Morgantown, WV 26508					
	12/12/2005		1.05000118427				
3.	Date of filing/registration in Florida	- -1.		Document 1	number		
5 (a)							
, (u)	Registered Agent and Registered Office shown on the records of a STUCHELL, BRYAN KM.D.	the Florida	Dept. of St	ale:			
	Registered Office Address (MUST BE FLORID 4 STREET - 1200 SOUTH PINE ISLAND ROAD)	ADDRESS	2	<del></del>			
	PLANTATION FL	33324		_			
(b)	C T Corporation System				: ::	<u> </u>	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	<del></del>	ž.	12.2	•
					•	-:-	• ;
	NEW Registered Office Address:			<del></del>			£;
	1200 South Pine Island Road				; es.	ද්ට	
					• *	<u>ښ</u>	
	Plantation FL	33324		_			
the cha agent v was/wi	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the regi ability co of the lin limited	stered offi impany, i iited liabi	ice and the but t is hereby con lity company ( ompany)	smess on dirmed th	nce of th	ie registered hange(s)
Signa	the transmitter or authorized representative of a member			Printed or ty	ped name o	if signee	
I here provisi the obi to mer notifie By:	by accept the appointment as registered agent and ugitions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.  CT Corporation System  Michele Miller, Asst. Secreti Registered Agent	perjorm d for in ( hereby c	t in this co ance of m Chapter 6 anfirm the	apacity. I furt y duties, and 05, F.S. Or, i at the limited i	her agred I am fami I this doc liability c	to com iliar with ument is ompany	ply with the vand accept heing filed has heen