LD6000093036

(Re	equestor's Name)	
(Ad	ldress)	
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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/104

Re: GLOBAL SURGICAL PARTNERS OF SARASOTA, L.L.C.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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) _	3059 GRAND AVENUE SUITE 300 Principal office address of limited liability company:	_ (b)_	
	(Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI FL 33133	 	
_	09/21/2006		L06000093036
3.	Date of filing/registration in Florida	4.	Document number
5. (a) _	NRAI SERVICES, INC.		5 4
` / -	Registered Agent and Registered Office shown on the records of th	e Florida D	ept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
	PLANTATION , FL	33324	
(b) _	Corporation Service Company		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
` / -	Enter name of NEW Registered Agent and/or NEW Registered O	Office addre	<u></u>
	1201 Hays Street		
]	NEW Registered Office Address:		
-			
-	Tallahassee , FL,	32301	
he chan igent wi vas/wey	nited liability company is not organized under the laws ge or changes are made, the Florida street address of the Il be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the li	he registe pility com the limite	red office and the business office of the registere pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	fel E. Where	Jill Cilr	mi, Authorized Person
7	re of a member or authorized representative of a member		Printed or typed name of signce
I hereby provision he oblig	accept the appointment as registered agent and agree ns of all statutes relative to the proper and complete po- gations of my position as registered agent as provided by reflect a change in the registered office address, I he	e to act in erformand for in Che ereby conj	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
ionjisa i	in writing of this change.		

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