

12/17/2015 14:43 FAX 3212544479

DEAN MEAD

2001/002

Division of Corporations

607000056851

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
850 CENTURY MEDICAL DRIVE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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. Name of the limited liability company: 850 Century Medical Drive, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

850 CENTURY MEDICAL DRIVE

TITUSVILLE, FL 32796

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

P.O. BOX 2608

TITUSVILLE, FL 32781-2608

05/29/2007

L07000056859

3. _____ 4. _____

Date of filing/registration in Florida

Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

RICHARD M. LEVINE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

490 N WASHINGTON AVE

TITUSVILLE, FL 32796

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

DEAN MEAD SERVICES, LLC

NEW Registered Office Address:

800 N MAGNOLIA AVE., SUITE 1500

ORLANDO, FL 32803

If the limited 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 agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Claudia Haines Jones
Signature of a member or authorized representative of a member

Claudia Haines Jones

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Claudia Haines Jones
Signature of Registered Agent

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

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