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Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)289-3338

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

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LLC REGISTERED AGENT CHANGE ECG CONSULTANTS OF BETHESDA, LLC

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 From: David Thomas

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. N	ame of the limited liability company:	ANTS OF	BETHESDA, LLC
2. (a)	110 JFK DRIVESUITE 110ATLANTIS, FL 33462	(b	PO Box 919331Orlando, FL 32891-9331
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2580 S. Seacrest Blvd.		2580 S. Seacrest Blvd.
	Boynton Beach, FL 33435	<u> </u>	Boynton Beach, FL 33435
	07/16/2003		L08000068834
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Advanced Claims Processing Inc		
· (-/	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	Registered Office Address MUST BE FLORIDA STREET. 499 NW 70th Ave Ste 300	ADDRESS	!
	Plantation , FL	33317	
(b)	C'T Corporation System		2023
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	2023 HOV 27
	NEW Registered Office Address:		
	1200 South Pine Island Road		· N
		• • • • • • • • • • • • • • • • • • • •	. 28
	Plantation	33324	
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the the regis ability co of the limited li	State of Florida, it is hereby confirmed that after tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
Signa	ture of a member or authorized epresentative of a member		Printed or typed name of signee
By: Rac	by accept the appointment us registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide. It is writing of this change. CT Corporation System the O'Connar, Assistant Secretary te of Registered Agent	ee to act performa i for in C hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed ufirm that the limited liability company has been

To;