Beee	14965
(Requestor's Name) (Address) (Address)	700294889167
(City/State/Zip/Phone #)	01/30/1701027009 **25.00
Certified Copies Certificates of Status	JAN 31 2017 S. YOUNG 17 JAN 30 PH 5: 23
Office Use Only	



CORPORATION SERVICE COMPANY'

., CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

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TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463314/126

Re: BRADEN RIVER INTERNAL MEDICINE ASSOCIATES, LLC

Enclosed please find:

XX Change of Registered Agent and Office. XX Check in the amount of \$25 .

Please take the following action:

XX	File in your office on a routine basis.
<u>XX</u>	Issue Proof of Filing.
<u>XX</u>	Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby 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

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JAN 30

## 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	me of the limited liability company: _BRADEN RIVE	R INTER	NAL MEDICIN	IE ASSOCIATES,	L.L.C.
2.	(a)	2834 Remington Green Circle	(b	) 2834 Rem	nington Green Circl	e
	. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai	ling address of limited Note: MAY BE POST	· · ·
		Suite 201		Suite 201		
		Tallahassee, FL 32308		Tallahassee	e, FL_32308	
		08/02/2013		L08000	074965	
3.		Date of filing/registration in Florida	4.	De	ocument number	
5.	(a)	C T Corporation System				
	(u)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State:		
		1200 South Pine Island Road				
		Registered Office Address <u>(MUST BE FLORIDA STREET A</u>	ADDRESS	· · · · · · · · · · · · · · · · · · ·		
				•		v.⊂ ⊷
			33324			ALL
						30 ASS
1	(b)	Corporation Service Company				mi∽t <sub>m</sub>
		Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		
						SIA
		1201 Hays Street				23
		NEW Registered Office Address:				, <b>u</b> m
				·····		
		Tallahassee, FL	32301	<u> </u>		
Jf tl	he lii	mited liability company is not organized under the law	vs of the	State of Florid	la, it is hereby conf	irmed that after
the	char	nge or changes are made, the Florida street address of	the regist	tered office an	d the business offi	ce of the registered
age was	nt w s/wei	ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o	bility coi f the limi	mpany, it is he ted liability co	ereby confirmed the	at the change(s) wise provided in
the	artic	eles of organization or the operating agreement of the	limited li	ability compa	ny.	mise provided in
		yee & lique	Jill C	ilmi, Authorize	ed Person	
S	ignatı	are of a member or authorized representative of a member			inted or typed name of	signee
I h	ereb	y accept the appointment as registered agent and agree	ee to act	in this capacil	ty. I further agree	to comply with the
pro the	visič obli	ons of all statutes relative to the proper and complete   gations of my position as registered agent as provided ly reflect a change in the registered office address, I h	performa I for in C	nce of my dut	ies, and I am famili S. Or if this docu	iar with and accept
to n						
nnn	nere	ly reflect a change in the registered office address, I h in writing of this change.	iereby co	nfirm that the	limited liability co	mpany has been

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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

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