

108000076478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

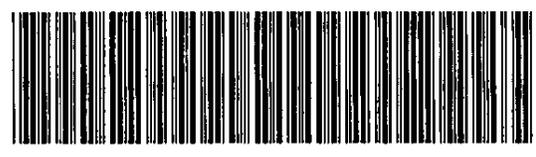
(Business Entity Name)

(Document Number)

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18 MAY - 1 10 49
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
MAY 03 2018

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: MDINTELLESYS, LLC

2. (a) 5550 W Executive Drive (b) 5550 W Executive Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Suite 350

Suite 350

Tampa FL 33609

Tampa, FL 33609

08/11/2008

L08000076478

3. Date of filing/registration in Florida

4. Document number

5. (a) Kozlin, Ronald S

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5550 W Executive Drive

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Suite 350

Tampa, FL 33609

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

18 MAY - 1 PM '08
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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.

/S/ RON KOZLIN

RON KOZLIN, AUTHORIZED PERSON

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Grace E. Kjrby

Signature of Registered Agent Corporation Service Company

BY: GRACE E. KJRBY, ASSIST VP

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00