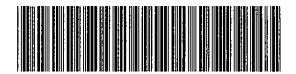
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S. HAWKES
UEU 0 8 2008
FYAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Atlantic Medical (Name of Lim	Solution, LLC nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Amy Tipps (Name of Person)		
Atlantic Medical Solution, LLC (Firm/Company)		
950 N. Federal Highway ste 109		
Pompano Beach, FL 33062 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Amy Tipo S at (954 588 9051 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STÂTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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1. Name of the limited liability company: Atlanti	c Medical Solution, LC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	750 N. Federal Hwy sk. 109 Pompano Brach, FL 33062
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	950 N. Federal Hwy de 109 Pompano Beach, FL 33062.
D9 17 2008 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on	LO8000089615 8 4. Document number 5 the records of the Florida Dept. of State:
Registered Agent:	Jeff Ropar =
Registered Office Address:	950 N Federal Hwy skylog Pompano Beach, FL 33062
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Army E. Tipps 950 N Federal Hwy sk 109
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the charge of the registered agent will be identical. Or, in the charge of the registered agent will be identical. Or, in the charge of the registered agent and of the registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the appointment as registered agent and the reply accept the re	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.

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

(Signature of Registered Agent)