LD9000036903

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MDLIVEVISIT, LLC

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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, 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.

oom, in the blate of 1 torida.		
1. Name of the limited liability company: MDLIVEVISI	T, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		2815 214 S
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	13630 NW 8 STREET SUITE 205 SUNRISE, FL 33325	5 HAY 2
April 16, 2009	L09000036903	
	4. Document number	9
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept.	ළු
Registered Agent:	F&L CORP	
Registered Office Address:	ONE INDEPENDENT DR SUITE 1300 JACKSONVILLE, FL 32202	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEX</u>		
NEW Registered Agent:	National Corporate Research, Ltd., Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive	
[12022 B2 1 201027 811852 1102 10550]	Tallahasses	FL_32301
If the limited liability company is not organized under the le confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registe cal. Or, in the case of a Florida was/were authorized by an affir	ered office limited mative vote of
RANDY Parker President and CE, Printed or typed name of signce	\	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 605, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company		ther agree to of my duties, vided for in tered office his change.
Signature of Registered Algent SEAN HONAN, ASSISTANT SE	CRETARY	

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

INHS18 (12/13)