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(Re	equestor's Name)				
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(Business Entity Name)					
(Document Number)					
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CSC. - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: September 30, 2014

Order#: 318603/006

Re: CYBERKNIFE CENTER OF SOUTH FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

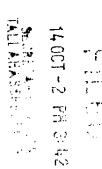
Attn:Lindsey Lockard

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



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.

2. (a)	3343 State Road 7					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			s of limited liability company: **BE POST OFFICE BOX**)		
	Wellington, FL 33449	- -				
	05/01/2009		_09000042160			
3.	Date of filing/registration in Florida	4.	Document r	number		
5. (a)	Rajiv Patel					
` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	3343 State Road 7					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	W. W.			To the second		
	Wellington ,F	L <u>33449</u>				
(b)	Corporation Service Company					
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	SS:	10		
				e de grande de la companya de grande de la companya de grande de la companya de la companya de grande de la companya del la companya de la co		
	1201 Hays Street			27		
	NEW Registered Office Address:			() () () () () () () () () () () () () (
	Tallahassee , FI	L <u>323</u> 01				
If the li	mited liability company is not organized under the la		ate of Florida it is be	rehy confirmed that after		
the cha	nge or changes are made, the Florida street address o	f the register	red office and the bus	iness office of the registered		
agent v was/we	vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members	iability comp of the limite	pany, it is hereby con: d liability company o	firmed that the change(s) r as otherwise provided in		
the arti	cles of organization or the operating agreement of the	limited liab	pility company.	rab ollor wibb provided in		
	· [MW]	i 'Ro	inv Patel			
Signa	ure of a member or authorized representative of a member		.) Printed or type	ed name of signee		
I herei provisi	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete	ree to act in	this capacity. I furth	er agree to comply with the		
ine ooi	igations of my position as registered agent as provide Typeflect a change in the registered office address, I	ea for in Cha	ipter 605. F.S. Or. it	this document is being filed		
	ome circui a circuise in inc registerea onice adaress. I	HELLUY CUM	um maine iminea n	aouny company nas been		
notified	writing of this change.	, ,		7 1 7		

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