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(Requestor's Name)										
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(Address)										
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(City/State/Zip/Phone #)										
PICK-UP	☐ WAIT	MAIL ,								
(Business Entity Name)										
(Document Number)										
Certified Copies	_ Certificates	s of Status								
Special Instructions to	Filing Officer									
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Office Use Only



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01/30/17--01027--005 **25.00

FILING CANCELLED RETURNED CHECK

H JAN 70 P IZ: 02
PERCHARY OF STATE

FILED

S Warren JAN 31 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463320/024

Re: DIAGNOSTICS OF WELLINGTON, LLC FILING CANCELLED RETURNED CHECK

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.

XX Issue Proof of Filing.

XX 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

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	ame of the limited liability company: DIAGNOSTICS C	F WELL	INGTON, L	LC			· · · · · · · · · · · · · · · · · · ·
2	(a)	10101 Forest Hill Boulevard	(b)	367 S. Gulph Road Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
۷.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)					
		Wellington FL 33414		King of Pru	ıssia	PA	194	106
		11/05/2009		L09000106	836			
3.		Date of filing/registration in Florida	4.	D	ocumei	nt numbei	Г	
	(a)	C T Corporation System			FII	ING	CA	NCELLE
	•	Registered Agent and Registered Office shown on the records of the	e Florida I	ept. of State:				
		1200 South Pine Island Road			KE	IUK	NE.	D CHEC
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)					
	٠	Plantation , FL_	33324				野海	Calculation of the Calculation o
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O	office addr	<u>ess</u> :		R OF STAT	S C C	, D
		1201 Hays Street				¥0 3.	02	
		NEW Registered Office Address:						
		Tallahassee , FL_	32301					
the	e cha ent v as/we arti	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable ture of a member or authorized representative of a member by accept the appointment as registered agent and agree	he registe bility con the limit mited lia Jill Ci	ered office a npany, it is hed liability dibility comp lmi, Authoria	and the lanereby companion any. zed Personned or	business of confirmed y or as of son typed name	office of that the of the office of sign	of the registered he change(s) se provided in
pr the to no	ovisi e obl mer tifie	ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act t erformat for in Cl ereby cor	n ints capac ace of my di apter 605, afirm that th	ny. 1 ju ities, an F.S. Or e limite	ather agr d I am fa , if this d d liability	miliar ocume ocomp	with and accept nt is being filed any has been
Si	gnatu	Inace Likuble The of Registered Agent Corporation Service Company	BY: Gra	ıce E. Kirb	y, Asst	. Vice Pr	eside	nt