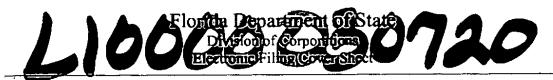
To: 18506176383 From: 14693173436 Date: 01/14/20 Time: 10:20 AM Page: 01/02



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Co	porations		
	Fax Number	: (850)617-6383		
			S	$\simeq$
From:				≍
	Account Name	: LEGALINC CORPORATE SERVICES INC.	> ⇒	2020 JAN
		: 129189999911	三角	≽
	Phone	: (844)385-0178	i	
	Fax Number	: (214)317-4754		<u>-</u>
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## LLC REGISTERED AGENT CHANGE INMED DIAGNOSTIC SERVICES OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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To: 18506176383 From: 14693173436 Date: 01/14/20 Time: 10:20 AM Page: 02/02

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $_{a}$ . . .

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: InMed Diagnos	stic Services	of Florida, i	LI.C ————————————————————————————————————	
2. (a)		(1	o)		
ي. (۵) <u>.</u>	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	8300 West Sunrise Plyd,		8300 West Surrise Blvd, Plantation, FL, US, 33322		
	Plantation, FL, US, 33322				
	03/19/2010 L100000			0720	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
5. (a)	Registered Agent and Registered Office shown on the records Oh, Tacho	lc.			
	Registered Office Address (MUST BE FLORIDA STREE	- (0 ->)			
	8110 Royal Palm Blvd Suite 100			<b>2020</b> SEC: TA	
	Coral Springs	2020 JAN 14 SECRETAKY TALLAHA			
(b)	Enter name of NEW Registered Agent and/or NEW Register			- % ♀ 1	
	Enter name of NEW Registered Agent and/or NEW Registe	AMID: 31			
	LEGALING CORPORATE SERVICES INC.	9: 37 FLATE			
	NEW Registered Office Address				
	5237 SUMMERLIN COMMONS BLVD. SUITE 400	=			
	FORT MYERS , FL 33907				
chang agent was/w	limited liability company is not organized under the c or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membericles of organization or the operating agreement of the Rohit Wavani	the register l liability of s of the lin he limited	ed office an ompany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany.	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob- to men	eby accept the appointment as registered agent and a tions of all statutes relative to the proper and completifications of my position as registered agent as provi rely reflect a change price registered office address, and in writing of this change.	igree to ac ste perform ded for in I hereby c	ance of my Chapter 60. onfirm that	auties, and 1 am jamiliar with and accepts, F.S. Or, if this document is being filed the limited hability company has been	
Signat	ure of Registered Agent		777H2000	0014799 3)))	

FILING FEE: \$25.00