## L10000004459

| (Requestor's Name)                      |                    |           |  |  |  |  |
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| (Address)                               |                    |           |  |  |  |  |
| (Address)                               |                    |           |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | #)        |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |  |  |
| (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: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/301

Re: UNICOM ANESTHESIA ASSOCIATES DIVISION, 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:Tecora Bell 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.

| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  Plantation  FL 33322  06/09/2010  Date of filing/registration in Florida  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  L10000061659  Document number   | 1. N                    | lame of the limited liability company:   | INICOM ANES   | THESIA A  | SSOCIA  | TES DIVISION, LLC   |
|--|-------------------------|--|---|---|---|---|
| Date of filing/registration in Florida 4. Document number  (a) MARCUS JILLIAN Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  7700 WEST SUNRISE BOULEVARD Registered Office Address (MUSTRE FLORIDA STREET ADDRESS)  Plantation , FL 33322  Plantation , FL 33322  (b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:  1201 Hays Street  NEW Registered Office Address:  Tallahassee , FL 32301  The limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after see change or changes are made, the Florida street address of the registered office and the business office of the registere sent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are articles of organization or the operating agreement of the limited liability company or as otherwise provided in seatcles of organization or the operating agreement of the limited liability company.  Signature of a mamber or authorized representative of a member of the limited liability company.  Jill Climi, Authorized Person  Printed or typed name of signee hereby endignein so firm position as registered agent as provided for in Chapter 605 F.S. Or, if his clocument is being filed in writing of this change.  MCL a. Change in the registered agent as provided for in Chapter 605 F.S. Or, if his clocument is being filed in writing of this change.   | 2. (a)                  | Principal office address of limited liabil   | ity company:  | (b)   |   |   |
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|  | Signate                 |  | e Company   | BY: Gra   | ce E. Kir   | by, Asst. Vice President  |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 F1LING FEE: \$25.00