

L10000120927

MAR 25 2011 9:36AM TRENAM KEMKER
Division of Corporations

NO. 2312 PP. 1 of 1

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
BLACKSTONE MEDICAL SERVICES, LLC

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K. SALLY
EXAMINER

MAR 28 2011

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Blackstone Medical Services, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

4543 S. Manhattan Avenue, Suite 103A
Tampa, Florida 33611

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

4543 S. Manhattan Avenue, Suite 103A
Tampa, Florida 33611

11/22/10

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Don Weinbren

Registered Office Address:

101 E. Kennedy Boulevard
Suite 2700
Tampa, FL 33602

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

TK Registered Agent, Inc.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

101 E. Kennedy Boulevard
Suite 2700
Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Don Weinbren, Authorized Representative

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

TK Registered Agent Inc. by Don Weinbren
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00