## L11000032624

(Requestor's Name)								
(Address)								
(Address)								
(Cil	ty/State/Zip/Phone	e #)						
PICK-UP	WAIT	MAIL						
(Bu	isiness Entity Nan	ne)						
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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10/02/14--01032--005 \*\*25.00





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#: 318603/007

Re: SFM ONCOLOGY I, 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.

	Iame of the limited liability company: SFM ONCOLO  3343 State Road 7						
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		)	Mailing address of limite	-		<del>:</del>
	Wellington, FL 33449	<del>-</del>					
	03/16/2011		L11000	032624			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	) Rajiv Patel						
J. (u)	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)						
					i		
	Wellington .FI	2244	n	_		140	<b>-</b> 0~-
	Wellington , FI	33449	J			크	15.00
(b)	Corporation Service Company				- <b>(</b> 7)	いっ	,
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	ldress:	<del>_</del>	• •	-0	معدومة 1- و
						CO CO	***
	1201 Hays Street				<u>, , , , , , , , , , , , , , , , , , , </u>	-ETT	-2
	NEW Registered Office Address:				. ,	27/3	
		· · · ·					
	Tallahassee , FI	L32301	l				
the chagent was/v	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the panization or the operating agreement of the	f the regi iability c of the lin	stered offi ompany, it nited liabil	ce and the business o is hereby confirmed ity company or as oth	ffice of the that the ch	e regis ange(:	itered s)
Sign	nature of a member or authorized representative of a member			Printed or typed name	of signee		
the ot to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac e perform ed for in hereby c	t in this ca tance of m Chapter 60 confirm tha	spacity. I further agre y duties, and I am fan 05, F.S. Or, if this do nt the limited liability	e to comp tiliar with cument is company	ly with and a being has be	h the ccept filed en
3	Selie auente						
Signal	ture of Registered Agent Corporation Service Company	BY: S	Sylvia Qu	eppet, Assistant Vic	e Preside	nt	

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