

To: 18506176383

Page: 2 of 3

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From: Ranae McGraw

6/28/2021

L12000147767

Florida Department of State  
Division of Corporations  
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LLC REGISTERED AGENT CHANGE  
SENIOR MEDICAL ASSOCIATES LLC.

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# 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. Name of the limited liability company: Senior Medical Associates LLC
2. (a) 3410 Stallion Lane, Weston, FL 33331  
Principal office address of limited liability company  
(Note: MUST BE STREET ADDRESS)
- (b) 15105 NW 77th Ave, 4th Floor  
Mailing address of limited liability company  
(Note: MAY BE POST OFFICE BOX)  
Miami Lakes, FL 33014
3. 11/26/2012  
Date of filing/registration in Florida
4. L12000147767  
Document number
5. (a) Mohsin Jaffer  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
3410 Stallion Lane  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
Weston, FL 33331
- (b) William Lamoreaux  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
15105 NW 77th Ave, 4th Floor  
NEW Registered Office Address  
Miami Lakes, FL 33014

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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.

William Lamoreaux, Authorized Representative  
Signature of a member or authorized representative of a member

William Lamoreaux  
Printed or typed name of signee

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 605, 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.

William Lamoreaux, Authorized Representative  
Signature of Registered Agent