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PICK-UP	WAIT	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: April 6, 2021

Order#: 736514/051

Re: COASTAL DIAGNOSTICS GROUP, 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:Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive 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.

1.	Name of the limited liability company: COASTAL DIA	GNOST	ICS GRO	OUP, LLC			
2. (a				SE 2nd Ave.			
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. /	Mailing address of (Note: MAY BE	=	-	-
	#2063		#2063	3			
	Miami, FL 33131		Miami	i, FL 33131			
	12/20/2012		L12000	158660			
3.	Date of filing/registration in Florida	4.		Document num	iber		
5. (a) CAPITOL CORPORATE SERVICES, INC.						
(11)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 515 E PARK AVE 2 FL			State:	SEGR TALLA	2021 APR	- 11-
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		HASSE	PR -8	
	TALLAHASSEE, F	1 <u>32301</u>				AH 9:	
(t	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office a	ddress:		ĐΑ	12	
	NEW Registered Office Address: 1201 Hays Street						
	Tallahassee, FI	132301					
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members atticles of organization or the operating agreement of the	e register ability co of the lin	ed office ompany, nited liab	and the business of it is hereby confirm ility company or as	ffice of the re red that the c	egister hange	red e(s)
	nature of a member or authorized representative of a member	JIL	L CILMI,	ATTORNEY IN FA	СТ		
Sigi	nature of a member or authorized representative of a member			Printed or typed m	ame of signee		
provi the o to me	why 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 trely reflect a change in the registered office address, I ded in writing of this change.	ree to ac perform ed for in (hereby c	t in this c ance of n Chapter t onfirm th	apacity. I further a ny duties, and I am 605, F.S. Or, if this nat the limited liabil	igree to comp familiar with document is ity company	oly wi i and being has b	th the accept g filed een

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

GRÀCE E. KIRBY, ASST. VICE PRESIDENT