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A. BUTLER JUN - 8 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 723137 8276536 AUTHORIZATION : COST LIMIT : \$ 25 ORDER DATE: June 3, 2022 ORDER TIME: 4:37 PM ORDER NO. : 723137-014 CUSTOMER NO: 8276536 CHANGE OF AGENT NAME: CHEN MEDICAL TAMIAMI AIRPORT, LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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. Na	ame of the limited liability company:	HEN MEDICAL	TAMIA	MI AIRPO	RT. LLC			
` ,	Principal office address of limited liabili (Note: MUST BE STREET ADD	ity company:	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	4261 S.W. 120th Street Suite 112		1395 NW 167 Street Miami Gardens, FL 33169 L12000159475					
	Miami, FL 33186							
	12/21/2012							
3.	Date of filing/registration in Fl	orida	4.		Document n	umber		
5. (a)								
J. (a)	Registered Agent and Registered Office shown	on the records of th	he Florid	a Dept. of Sta	ite:			
	CHANDLER, KATHRYN							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_			
	1395 NW 167 STREET							
	Miami Gardens	FL.	33169		_		7027	
					_		= "[]	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :							
	Corporation Service Company NEW Registered Office Address:			PM 12: 37 OF STATE SEE, FI				
	1201 Hays Street				_			
	Tallahassee	, FL	32301					
change agent v was/we	imited liability company is not organized or changes are made, the Florida street will be identical. Or, in the case of a Florice authorized by an affirmative vote of the cles of organization or the operating agr	d under the law: address of the r rida limited liab the members of	s of the registere bility co	ed office ar impany, it i iited liabili	nd the busines is hereby conf ty company o	s office of the firmed that the	registered change(s)	
	JILL CILMI		JILI	_ CILMI, Al	UTHORIZED F			
_	ture of a member or authorized representative of				* 1	ed name of signe		
provisi the obl to merc	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered age ly reflect a change in the registered offilm writing of this change.	and complete p ent as provided ce address, I he	perform for in C ereby co	ance of my Thapter 60. Onfirm that	duties, and Lo 5, F.S. Or, if i the limited lic	am familiar w this document ability compai	ith and accept is being filed ny has been	
Signatu	re of Registered Agent	G	RACE	E. KIRBY.	. ASST. VICE	E PRESIDEN'	ľ	