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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

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10/02/14--01002--019 **25.00

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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#: 318603/052

Re: SFM UROLOGY XXII, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{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.

2. (a)	3343 State Road 7	(b)			·- <u>-</u>	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS		-	y:
	Wellington, FL 33449						
	04/25/2013		L130000	62418			
3.	Date of filing/registration in Florida	4.	-	Document number	-		
5. (a)	Rajiv Patel						
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	- e:			
	3343 State Road 7						
	Registered Office Address	ADDRESS	2	-			
	Wellington , FL	. 33449		- ,			
				-	300 000		
(b) .	Corporation Service Company			_		0 %	ه وزدنورس
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:		10 mg	\Box	\$ mm==
					177. 94 6. 187.	-2	5 5
	1201 Hays Street NEW Registered Office Address:			-		T0	, <u></u>
	NEW Registered Office Address:					رب	(
				-		:	
	Tallahassee, FL	, 32301		-			
f the lii	mited liability company is not organized under the lav	ws of the	State of Flo	orida, it is hereby cor	nfirmed t	hat aft	er
he char	nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia	the regis	tered office	and the business of	fice of the	e regis	stered
vas/wei	re authorized by an affirmative vote of the members o	of the limi	ited liabilit	v company or as other	nat the cr erwise pro	nange(ovided	s) I in
he artic	cles of organization or the operating agreement of the	limited li	iability con	npany.			
Signati	are of a member authorized representative of a member		Kaj	Printed or typed name o	faignag		
_	y accept the appointment as registered agent and agr	en to ant	in this can		U		h + h =
rovisio	y acception appending the proper and complete gations of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have	performa	ince of my i	duties, and I am famil	liar with	and a	n ine ccept
o mere	ly reflect a change in the registered office address, I I writing of this change.	hereby co	napier 003 infirm that	the limited liability c	ompany i	has be	en
1011110/							
iotified	Litie Quene						