L13000080405

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT	MAIL								
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of S	itatus								
Special Instructions to Filing Officer:									

Office Use Only



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10/02/14--01032--016 **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#: 318603/063

Re: SOUTH FLORIDA RADIATION ONCOLOGY COCONUT CREEK, 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.

2. (a	ı) _	3343 State Road 7	<u>. </u>	(b)						
	, -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				-	address of limit : MAY BE PO	-		y:
		Wellington, FL 33449		-						
		06/04/2013			L130000	80405				
3.	•	Date of filing/registration in Florida	4.	_		Docu	ment number	•	_	_
5. (a)	a)	Rajiv Patel				_				
		Registered Agent and Registered Office shown on the records	of the Flor	ida I	Dept. of Stat	e:				
		3343 State Road 7								
		Registered Office Address (MUST BE FLORIDA STREE	TADDRE	<u>(SS)</u>		_				
		Wellington,	EI 33/			-				
		Treminger	112 <u>00-</u>	7.0		_				
(b))	Corporation Service Company								
	, .	Enter name of NEW Registered Agent and/or NEW Register	red Office	<u>addı</u>	ress:	_				
								چ نے	<u>ــ</u> ـــ	
		1201 Hays Street NEW Registered Office Address:				_		- 13,	₩ ₩	- , .
		NEW Registered Office Address.						- Şifi	==	450 450
						_		7 (2 25)	10	g bank :
									~(7)	
		Tallahassee,	FL 323	01		_		• • • •	234 C.5	
the cagen was/	hai t w we	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the	of the re l liability is of the l	gist cor imit	ered offic npany, it i ted liabilit	e and t is herel by comp	he business of by confirmed pany or as ot	office of the control	ne regi hange	istered (s)
Sig	nati	ure of amounter or authorized representative of a member	_		<u> </u>	Printe	d or typed name	of signee		
prov the c	isio bli ere	by accept the appointment as registered agent and of all statules relative to the proper and complete gations of my position as registered agent as providy reflect a change in the registered office address, it is writing of this change.	ete nertai	*777/7	nce of my	auties	-ana Lam ta	miliar wit	n ana i	accent