## 11300094767

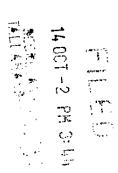
(Re	questor's Name)							
(Ad	dress)							
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Bu	siness Entity Nar	me)						
(Do	cument Number)							
Certified Copies	_ Certificates	s of Status						
Special Instructions to	Filing Officer:							

Office Use Only



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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#: 318603/031

Re: SFM SURGERY XII, 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.

1.	Na	me of the limited liability company: SFM SURGERY	XII, LLO	<u> </u>		··		
2.	(a)	3343 State Road 7	_ (b	)		·		
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		1	Mailing address of limit (Note: MAY BE POS		-	-
		Wellington, FL 33449	_					
		07/02/2013		L1300009	94767			
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	he Florida	Dept. of State	- ::			
		3343 State Road 7						
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2	•			
		MALIN			•			
		Wellington, FL_	<u>33449</u>		-			
(h	(b)	Corporation Service Company						
(0)		Enter name of NEW Registered Agent and/or NEW Registered (	Office add	lress:				
						77 C#	هب	
		1201 Hays Street				三三	0 7	, <del>-</del>
		NEW Registered Office Address:			•		C	1.
						100 mm 100 mm 100 mm	2	*
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		Tallahassee FI.	32301				ား မွ	Ţ,
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the age wa	char ent w s/wc	mited liability company is not organized under the law nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	the regis bility co the limi	tered office mpany, it is ited liability	and the business of hereby confirmed company or as oth	ffice of that the o	he regi change	stered (s)
		KM. l	(	Raiix	Patel			
S	ignati	ure of a member or authorized representative of a member		<del>,,,,,</del>	Printed or typed name	of signee		
noi	<i>п</i> пеа	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I had injuriting of this change.						h the iccept filed een
215	natur	e of Registered Agent Corporation Service Company	RA: Si	yıvıa Quep	pet, Assistant Vic	e Presid	ent	