## L13000107337

(Re	equestor's Name)				
(Ad	ddress)				
(Ad	ddress)				
(Ci	ity/State/Zip/Phone a	<del>#</del> )			
PICK-UP	☐ WAIT	MAIL.			
(В	usiness Entity Name	<del>)</del>			
(Document Number)					
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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#: 318603/012

Re: SFM ONCOLOGY VI, 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)	3343 State Road 7	(b	)				
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			y:	
	Wellington, FL 33449	_				<del>-</del>	
	07/30/2013	_	L1300010	07337			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Rajiv Patel						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Stat	- e:			
	3343 State Road 7						
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	2)	_			
	Wellington , FI	33449	)	· ·	7		
(b)	Corporation Service Company		<del></del>	_		LOCT	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	<u>dress</u> :			-2 PK	ganistra g gristrang
	1201 Hays Street  NEW Registered Office Address:			_	7	43:42	
	Tallahassee , FI	<u>. 32301</u>	 	_			
the cha agent v was/we the arti	imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member	f the regi lability co of the lim	stered offic ompany, it i nited liabilit	e and the business o is hereby confirmed by company or as oth	ffice of the chart the cha	he regi hange	stered (s)
provisi the obi to mer notifie	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I am writing of this change.	e perform ed for in ( hereby c	ance of my Chapter 60. onfirm that	pacity. I further agreduties, and I am fan 5, F.S. Or, if this do the limited liability	niliar will cument is company	n ana c s beins has b	th the accept g filed een

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