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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#: 318603/058

Re: SFM UROLOGY XXVIII, 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

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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 limit (Note: MAY BE PO.	
	Wellington, FL 33449				<u></u>
	09/04/2013		L13000	124524	
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 S	tate:	
	3343 State Road 7				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	Wellington , FL	33449			
(b)	Corporation Service Company			<u></u>	
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		
	4004 Nava Charat				
	1201 Hays Street NEW Registered Office Address:			<u> </u>	ro c
					-0 -5:
					့ လူ
	Tallahassaa	22204			·
the cha agent w was/we	Tallahassee , FI imited liability company is not organized under the launge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the regis ability co of the limi	tered off mpany, i ted liabi	ice and the business of t is hereby confirmed lity company or as of	office of the register that the change(s)
C:	ture of a member or authorized representative of a member		$B\alpha$	Printed or typed name	ofelanos
I herei	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide tly reflect a change in the registered office address, I	: performa	ince of m	apacity. I further agr	ree to comply with th miliar with and acce

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