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| (Cit | y/State/Zip/Phone | :#) |
| PICK-UP | | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: CSC/PH - FL TAL *

From: Tiffany Brown tiffany.brown@cscglobal.com

Date: March 23, 2021

Order#: 725417/002

Re: AMERICAN RADIOLOGY, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. XX Check in the amount of \$25.

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:Tiffany Brown c/o Corporation Service Company 251 Little Falls Drive 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,

| (a) | | (b). | <u> </u> | | |
|-----|---|-------------------|---------------------|---|--|
| | Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) | | 5 | tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 1301 Concord Terrace | , | 301 Concord Terrace | | |
| | Sunrise, FL 33323 | (| Sunrise, FL 33323 | | |
| | 02/28/2014 | L | 14000034715 | | |
| | Date of filing/registration in Florida | 4. | Document number | | |
| | Registered Office Address (MUST BE FLORIDA STREE 1200 SOUTH PINE ISLAND ROAD | <u>(TADDRESS)</u> | | 2021 HAR 29 | |
| | CT CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREE | TADDRESS) | | 1021 HA | |
| | | 33324 | רויז רויז | | |
| | PLANTATION | FL | FL0 | AMII: 16 | |
| (b) | Emer name of NEW Registered Agent and/or NEW Registe | | | 6 | |
| | Temer name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u> | red Office addri | <u></u> : | | |
| | Corporation Service Company | | | | |
| | NEW Registered Office Address: | | | | |
| | | | | | |
| | 1201 Hays Street | | | | |

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Ryan Check

Ryan Check Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. Drace C.Kuby

Signature of a member or authorized representative of a member

Signature of Registered Agent

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