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14 000 1808	<u>994</u>	
(Requestor's Name) (Address) (Address)	 700348946607	
(City/State/Zip/Phone #)	07/27/2001037013 **25.00 RECEIVED JUL 2 3 2020	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	<b>FILED</b> 2020 JUL 23 PH 6: 15 SECRETARY OF STATE TALLAHASSEE, FL	
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

.

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 21, 2020

Order#: 345704/043

Re: BRRH MEDICAL GROUP, LLC

Enclosed please find:

 $\underline{XX}$  Change of Registered Agent and Office.  $\underline{XX}$  Check in the amount of \$25.

Please take the following action:

<u>XX</u> XX XX	File in your office on a routine basis. Issue Proof of Filing. Return Regular Mail in the enclosed envelope.	SECHELA. TALLAH	2020 JUL 2	
	Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808		3 PH 6: 15	•

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.

Nam	ne of the limited liability company:	EDICAL	GROUP,	LLC			
a) _	00 MEADOWS RD		(b)800 MEA	DOWS RD			
/	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BO)				
-   -	BOCA RATON, FL 33486		BOCA RA	ATON, FL 33486			
1	11/21/2014		L14000180	)894			
_	Date of filing/registration in Florida	4.		Document number			
a) _	FRIEDMAN, DAVID R, ESQ						
R	Registered Agent and Registered Office shown on the recor 6855 RED ROAD SUITE 600	ds of the Flori	da Dept. of Stat	_ e: _			
F	Registered Office Address (MUST BE FLORIDA STR	EET ADDRE	<u>SS)</u>	_	ം സ	202	
-	CORAL GABLES	_, FL_33143	; ;	-	TALLA	2020 JUL 23	
c) _	Enter name of NEW Registered Agent and/or NEW Registered	stered Office	address	-		23 PH	
	Corporation Service Company		<u></u> .			6: 15	ł
2	NEW Registered Office Address:			_	, .		
-	1201 Hays Street			-			
	Tallahassee	, FL_32301					
ige o it wi 'were	nited liability company is not organized under th or changes are made, the Florida street address o ill be identical. Or, in the case of a Florida limit e authorized by an affirmative vote of the memb les of organization or the operating agreement o	of the registe ed liability pers of the li	ered office an company, it i mited liabilit	d the business office s hereby confirmed t y company or as oth	e of the reg that the ch	gistere nange(	ed (s)
	re of a member or authorized representative of a member		-	prized Person			
matur	re of a member or authorized representative of a member			Printed or typed name	ofsignee		

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, I hereby confirm that the limited liability company has been notified in writing of this change.

Draze Z-Kuby

Signature of Registered Agent

Grace E, Kirby, Asst. Vice President of Corporation Service Company

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