

LIS 000 195 741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

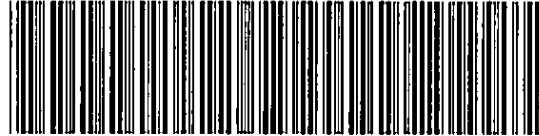
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000420371840

RECEIVED
2023 DEC 19 AM 11:30
DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 213172 8433724

AUTHORIZATION :

COST LIMIT : \$ 25,000

ORDER DATE : December 15, 2023

ORDER TIME : 9:36 AM

ORDER NO. : 213172-008

CUSTOMER NO: 8433724

CHANGE OF AGENT

NAME: MRI ASSOCIATES OF VENICE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: _____

**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. Name of the limited liability company: MRI ASSOCIATES OF VENICE LLC
2. (a) 1370 E Venice Ave 101
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Venice, FL 34285
- (b) 32615 US Hwy 19 North
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 4
Palm Harbor, FL 34684
3. 11/19/2015
Date of filing/registration in Florida
4. L15000195741
Document number
5. (a) D&D Imaging
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
32615 US Hwy 19 North
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 4
Palm Harbor, FL 34684
- (b) Corporation Service Company
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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/ Gregory S. Davis

Gregory S. Davis, Manager

Signature of a member or authorized representative of a member

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

Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Asst. Vice President

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