LIS000 195 788

(Requestor's Name)						
(Address)						
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(33.733)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						

Office Use Only



100420371751



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : 12000000195						
REFERENCE : 213172 8433724						
AUTHORIZATION: CAMBOLINAS						
COST LIMIT : \$ 25.00						
ORDER DATE : December 15, 2023						
ORDER TIME : 9:35 AM						
ORDER NO. : 213172-003						
CUSTOMER NO: 8433724						
CHANGE OF AGENT						
NAME: MRI ASSOCIATES OF BRADENTON LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena 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.	Na	ame of the limited liability company: MRI ASSOCIAT		ES OF BRADENTON LLC		
2	(a)	5817 B 21st Ave W		32615 L	32615 US Hwy 19 North	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
				Suite 4		
		Bradenton, FL 34209		Palm Ha	irbor, FL 34684	
		11/19/2015		L1500019	95788	
3.		Date of filing/registration in Florida	4.		Document number	
-	(a)					
Э.	(a)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Sta	ite:	
		D&D Imaging				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		5817 B 21st Ave W				
		Bradenton FL 34209				
					_	
	(b)					
	, ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:			
		Corporation Service Company				
		NEW Registered Office Address:			<u> </u>	
		1201 Hays Street				
		Tallahassee F	L_32301		_	
ch ag wa	ange ent v is/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin	ed office ar impany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
/s/ Gregory S. Davis Grego				egory S. Da	ory S. Davis, Manager	
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
pr the 10	ovisi 2 obl mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, left in writing of this change.	ree to act c perform ed for in C hereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314