L16000076290

| (Re | equestor's Name) | . | | | |
|---|-------------------|--------------|--|--|--|
| (Ad | ldress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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ASSET FLORID:

HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: May 20, 2016

Order#: 137859/007

Re: MDVIP MEDICAL GROUP (FL), PLLC

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:Mary Rivers 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

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 | me of the limited liability company: MDVIP MEDICA | L GROL | IP (FL), PLLC | |
|--|---|---|--|---|------------------------|
| 2 (a) | | 1875 NW CORPORATE BLVD, STE 300 | | 1875 NW CORPORATE BLVD, STE 300 | |
| 2. | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) 1875 NW CORPORATE BLVD, STE 300 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | oany: |
| | | BOCA RATON FL 33431 | - | BOCA RATON, FL 33431 | |
| | | 04/18/2016 | _ | L16000076290 | |
| 3. | | Date of filing/registration in Florida | 4. | Document number | |
| 5. | (a) | CORPORATE CREATIONS NETWORK, INC. | | | |
| ٥. | (4) | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State: | |
| | | 11380 PROSPERITY FARMS ROAD #221E | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | | | | AS | |
| | | | | | . • |
| | | BOCA RATON , FL_ | 33410 | LAEL SAL | |
| | (b) | Corporation Service Company | | 24 1 A855 | ~1 4d |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered O | ffice add | ress: | Ĩ |
| | | | | 2: 0 2: 0 1 0RI | <i>•</i> |
| | | 1201 Hays Street | | | |
| | | NEW Registered Office Address: | | | |
| | | | | | |
| | | Tallahassee, FL_ | 32301 | | |
| the ag wa the I in properties to no | e cha ent v is/we e arti Signat heret ovisi e obli mere tified | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the reaction of the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability are of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper and complete properties of a change in the registered agent as provided in writing of this change. | he regist bility con the limi mited li Jill C e to act erforma for in C ereby co | ered office and the business office of the repany, it is hereby confirmed that the chanted liability company or as otherwise proviability company. ilmi, Authorized Person Printed or typed name of signee in this canacity. I further agree to comply | egistered ge(s) ded in |