

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	Certificates	s of Status	
	_	***************************************	
			
Special Instructions to Filing Officer:			

Office Use Only



700292673937

12/02/16--01009--030 **25.00

FILED 2016 DEC -5 P 2: 52 SECRETARY OF SHATE

D. BRUCE DEC 06 2016

COVER LETTER

TO:	Registration Section		
	Division of Corporations		

Divi.	sion of corporations					
SUBJECT:	SunState Imaging and Diagnostics					
Name of Limited Liability Company						
Dear Sir or N	Aadam:					
The enclosed	l Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for fili	ng.		
Please return	all correspondence concerning thi	s matter to	the following:			
Chris Greg	99					
	Name of Person					
Sun State	Imaging and Diagnostics					
	Firm/Company					
2853 San	Pedro Drive					
-	Address					
New Port I	Richey FL 34655					
	City/State and Zip Code					
chrisjgreg	g@hotmail.com			IA'S		
E-mail	address: (to be used for future ann	ual report n	otification)			
For further in	nformation concerning this matter.	please call:		DEC -5		
Chris Greg	99	813 at (326.7977	7 T		
	Name of Person		Area Code & Daytime Te	lepho \begin{array}{c} \lambda \text{umber}		
Regi Divi Clift 2661	REET/COURIER ADDRESS: Istration Section Iston of Corporations Iston Building I Executive Center Circle Indianal Section 22301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	52 HDA		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☑ \$25 Filing Fee

Enclosed is a check for the following amount:



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: SunState Ima	ging And Diagno	ostics	
2. (a)	Sunstate Imaging and Diagnostics	(b) Sunstate Imaging and Diagnostics		
(<i>,</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2853 San Pedro Drive new port richey	2853 Sa	an Pedro Drive new port richey	
	34655	34655		
	5/17/2016	L160000	95245	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Chris Gregg			
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)		
	New Port Richey , FL	34655	2016 3EC	
(b)	Alena Kisel-Gregg		PILE DEC -5 FARY OF AHASSEE. F	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	S I	
	Alena Kisel Gregg		P 2: 52 P STATE	
	NEW Registered Office Address:		52 S 2	
	2853 san pedro drive		<u>-</u>	
	New Port Richey , FL	34655	_	
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	vs of the State of Fl the registered offic ability company, it i f the limited liabilit limited liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
	up of a member or authorized representative of a member	Chris Gregg	D	
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a financie in the registered office address, I have the proper and complete in the registered office address, I have the property of this change.	ee to act in this cap performance of my I for in Chapter 60, iereby confirm that	Printed or typed name of signee 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	