LIVOQUAISU9A

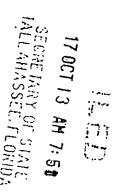
| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates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

Office Use Only



800303158268

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OCT 16 2017

COVER LETTER

INHS18 (2/14)

| TO: | Registration Section Division of Corporations | | | | | |
|-----------------------------------|--|-----------------|---|--|--|--|
| SHRI | MIAMI MEDICAL ALLIANCE LLC | | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear S | Sir or Madam: | | | | | |
| The e | nclosed Registered Agent/Registered Off | ice Change ai | nd fee(s) are submitted for filing. | | | |
| Please | e return all correspondence concerning th | is matter to th | ne following: | | | |
| IVAN | I FIELD | | | | | |
| | Name of Person | | | | | |
| MIAN | MI MEDICAL ALLIANCE LLC | | | | | |
| | Firm/Company | | | | | |
| 6405 | BISCAYNE BLVD SUITE 3 | | | | | |
| | Address | | | | | |
| MIAN | MI, FL 33138 | | | | | |
| | City/State and Zip Code | | - | | | |
| IVAN | JJFIELD@GMAIL.COM | | | | | |
| | E-mail address: (to be used for future and | nuał report no | tification) | | | |
| For fu | orther information concerning this matter | please call: | | | | |
| IVAN | I FIELD | 201 | 638-7889 | | | |
| | Name of Person | (| Area Code & Daytime Telephone Number | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | } [| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314 | | | |
| | Enclosed is a check for the following | amount: | | | | |
| | ■ \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | | | |

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: MIAMI MEDI | CAL AL | LIANCE | LLC |
|--|--|--|--|--|
| | | | | |
| (~ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 6405 BISCAYNE BLVD SUITE 3 | | 6405 B | ISCAYNE BLVD SUITE 3 |
| | MIAMI, FL 33138 | | MIAMI, | FL 33138 |
| | 12/1/2016 | | L160002 | 218092 |
| 3. | Date of filing/registration in Florida | 4. | - | Document number |
| 5. (a) | | | | _ |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat | | | ite: |
| | ANDREW CETTEI | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) 1350 COVEY CT | ADDR <u>ES</u> | <u>S)</u> | LL A.H. |
| | VENICE | 34293 | | OCT 13 METARY AMASSE |
| | | _ | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | AH 725 |
| | Enter hance of NEW Registered Agent and on MEW Registere | <u> </u> | | BA 👼 |
| | SCOT BROWN | | | _ |
| | NEW Registered Office Address: | | | |
| | 1438 JEFFERSON STREET | | | _ |
| | HOLLYWOOD F | L_33020 | l - - | _ |
| signa Signa I here provis the obto mer | limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization of the operating agreement of the nurre of a member or authorized representative of a member by accept the appointment as registered agent and as it is a statute of any position as registered agent as provided in vertical acceptance in the registered office address. It is a change in the registered office address. It is a change of this change. | of the reg liability c of the lii e limited V gree to ac e perfor in | ompany, it inited liabil liability economics of the control of the | is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Printed or typed name of signee pacity. I further agree to comply with the viduties, and I am familiar with and accept 0.5 F.S. Or if this document is being filed |

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

Signature of Registered Agent