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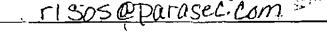
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LLC REGISTERED AGENT CHANGE CHIROJOINT RD FLORIDA LLC

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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.

. Na	une of the limited liability company: CHIROJOINT	RD FLOR	IDA LLC
. (a)		(b)	Mailing address of limited liability company:
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1900 SPALDING DRIVE		
	ATLANTA, GA 30356		
	05/01/2017	L17	000096452
	Date of filing/registration in Florida	4.	Document number
. (a)	LEGALINC CORPORATE SERVICES INC.		
. (4)	Registered Agent and Registered Office shown on the records of	the Florida Depi	t. of State:
(b)	5237 SUMMERLIN COMMONS BLVD STE	400	75 · · · · 75
	Registered Office Address (MUST BE FLORIDA STREET,	ADDRESS)	No. of the second
	FORT MYERS, FI	33907	—————————————————————————————————————
	ROCKET LAWYER CORPORATE SERVICE	ES LLC	M 2: 04
	Enter name of NEW Registered Agent and/or NRW Registered	Office address	04
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		
	NEW Registered Office Address:		
	TALLAHASSEE	32301	
	, ^ ^		
be ch gent vas/v	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registere iability compo of the limited a limited liabi	ed office and the business office of the register any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Sign	Signature of a member or authorized representative of a member		Printed or typed name of signee
provis the old to me notific	ceby accept the appointment as registered agent and agents of all statutes relative to the proper and complete objections of my position as registered agent as provide rely reflect a change in the registered office address, I see in writing of this change. The state of Resistered Agent	ree to act in to performance of for in Cha hereby confi	this capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filer that the limited liability company has been

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