

L17000 260 006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

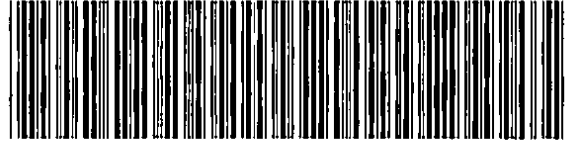
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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. Name of the limited liability company: CARDIAC CIN OF WEST PALM, LLC

2. (a) 4440 PGA BLVD., STE. 600 (b) 102 WOODMONT BLVD, STE. 350
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

PALM BEACH GARDENS, FL 33410 NASHVILLE, TN 37205

3. 12/21/2017 4. L17000260006
 Date of filing/registration in Florida Document number

5. (a) C T CORPORATION SYSTEM
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

PLANTATION, FL 33324

(b) Corporation Service Company
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street
NEW Registered Office Address:

Tallahassee, FL 32301

FILED
JUN 25 9 51 AM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ Hutton Eadie Hutton Eadie, Authorized Person
 Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby
 Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President