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From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

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## LLC REGISTERED AGENT CHANGE AKUMIN FL, 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.

1. Na	me of the limited liability company: Akumin FL, L	LC					
			)			d liability company	
Í	Principal office address of limited liability company			failing address	of limite	d liability company	
	(Note: MUST BE STREET ADDRESS) 8300 W. Sunrise Blvd.		6300 W	Sunrise B		T OFFICE BON	
		<del></del>	0300 VV.	Surnse Di	IVU.		
	Plantation, FL 33322		Plantatio	n, FL 3332	22		
	03/01/2018		L1800005	52620			
3.	Date of filing/registration in Florida	4,		Document n	umber		
5 (a)							
2 (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State				
	Corporate Creations Network Inc.						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  11380 Prosperity Farms Road #221E						
	Palm Beach Gardens , FI	33410		74	23		
	, П				Carrie	-	
(L)					130		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress	10 3 49 7	_	a particular and a second a second and a second a second and a second	
				f	_		
	LEGALINC CORPORATE SERVICES INC.			ray (C) CT(A)	<b>&gt;</b>		
	NEW Registered Office Address:						
	5237 SUMMERLIN COMMONS BLVD, SUITE 400			,	**		
	FORT MYERS , FI.	33907					
the cha agent v was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Rohit Navani	ws of the the regis ability co of the lim limited l	State of Flo stered office impany, it is sited liability	and the busine hereby confusion or company or pany.	iness of firmed t r as oth	Mice of the registered that the change(s) erwise provided in	
	Signature of a member or authorized representative of a member			Printed or type		_	
I here provisi the obi to mer- notified	by accept the appointment as registered agent and agentions of all statutes relative to the proper and complete agent of my position as registered agent as provide by reflect a change in the registered office address, I do not in the change.	ree to act perform d for in C hereby c	m this capa ance of my a Chapter 605, onfirm that t	icity. I furth luties, and l , F.S. Or, if the limited li	er agre am fam this doc ability (	e to comply with the siliar with and accept cument is being filed company has been	
Signatur	re of Registered Agent			(((H190	003031	307 3)))	
natually	ic of veRistrica Skotte						