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(Business Entity Name)				
(Document Number)				
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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	ame of the limited liability company: DR URBIN, LL	.C		· · · · · · · · · · · · · · · · · · ·		
			b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	3310 Mary Street Suite 302		3109 GRA	AND AVENUE #349		
	Coconut Grove, FL 33133		Coconut C	Grove, FL 33133		
	12/12/2018		L18000284	1 726		
3.	Date of filing/registration in Florida	— 4.		Document number		
5 (0)						
5. (a)						
NRAI SERVICES, INC.						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	L_33324		-		
	F	L.		-		
(h)						
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street		<u> </u>			
	Tallahassee F	L_32301				
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles-of organization or the operating agreement of the	e register iability co of the lin	red office and ompany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	Xie E. Cienci	JIL	L CILMI, AU	THORIZED PERSON		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mero notifica	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this change.	gree to ac e perform ed for in (' hereby c	t in this capa ance of my d Chapter 605, confirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
Signatu	Maca C-Kuble re of Registered Agent	GRACE	E. KIRBY, /	ASST. VICE PRESIDENT		