

L19000121090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

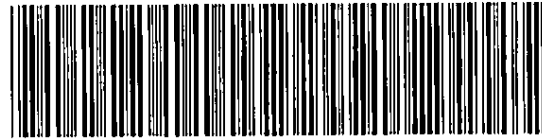
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature: P. H. R. / chs



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/18/2021

Name: Marcel Ogbonna-Amu

Reference #: 1371412

Entity Name: CANCER TREATMENT CENTERS OF AMERICA MARKETPLACE, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

ANY ISSUES, CALL
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: \$25.00

Signature: *Marcel Ogbonna-Amu*

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: CANCER TREATMENT CENTERS OF AMERICA MARKETPLACE, LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: MUST BE STREET ADDRESS) <u>5900 BROKEN SAND PRKWY NW</u> <u>BOCA RATON, FL 33487</u>	(b) <u>Mailing address of limited liability company:</u> (Note: MAY BE POST OFFICE BOX) <u>5900 BROKEN SAND PRKWY NW</u> <u>BOCA RATON, FL 33487</u>
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3. <u>5/3/2019</u> Date of filing/registration in Florida	4. <u>L19000121090</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

FLANIGAN, TIMOTHY E.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5900 BROKEN SAND PRKWY NW
BOCA RATON, FL 33487

(b) COGENCY GLOBAL INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
115 North Calhoun Street, Suite 4
NEW Registered Office Address:
Tallahassee, FL 32301

FILED
 2021 MAY 18 AM 9:06
 TALLAHASSEE, FL
 DIVISION OF CORPORATIONS

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.



Dr. Pat Basu, Manager

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.

/s/ Sheryl A. Gibbs
 Signature of Registered Agent