

L19000141343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

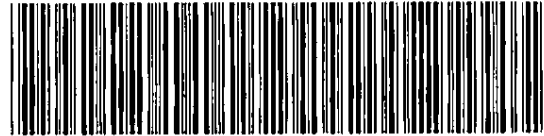
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer

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2021 MAY 18 AM 9:07

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Handwritten signature: RA [unclear]

MAY 19 2021

ALBRITTON



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

Account#: 120000000088

Date: 05/18/2021

Name: Ian Reilly

Reference #: 1371412

Entity Name: CANCER TREATMENT CENTERS OF AMERICA HEALTH, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

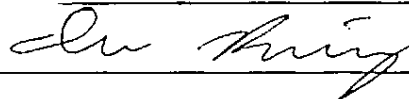
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 

**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 HEALTH, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>5900 BROKEN SAND PRKWY NW</u> <u>BOCA RATON, FL 33487</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>5900 BROKEN SAND PRKWY NW</u> <u>BOCA RATON, FL 33487</u>
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3. <u>6/4/2019</u> Date of filing/registration in Florida	4. <u>L19000141343</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 9:07
TALLAHASSEE, FL

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.

 Signature of a member or authorized representative of a member	Dr. Pat Basu, Manager Printed or typed name of signee
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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