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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 submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

۱. ۱	Same of the limited liability company: ILUMA MEDICAL	L COMMUNICAT	IONS LLC
2. (a	EPSTEIN, BENJAMIN J	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY RE POST OFFICE BOX)
	3550 UNIVERSITY BLVD S STE 101		
	JACKSONVILLE, FL 32216		
	10/29/2020	L2000033	4031
3,	Date of filing/registration in Florida	4.	Document number
5. (a	PSTEIN, BENJAMIN J		
J. (u	Registered Agent and Registered Office shown on the records of the	ate:	
	Registered Office Address (MUST BE FLORIDA STREET A.	_	
	3550 UNIVERSITY BLVD S STE 101		
	JACKSONVILLE , FL_	32216	
ίb	C T Corporation System		2023 FEB 10 PM 12: 12
,,,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	- 10 P
			PH 12
	NEW Registered Office Address:		
	1200 South Pine Island Road		- 2
	Plantation . FL	33324	
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial vere authorized by an affirmative vote of the members of fields of organization or the operating agreement of the light	the registered offi bility company, it f the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	affire of a member or authorized representative of a member		Printed or typed name of signee
provi the ol to me notifi	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p oligations of my position as registered agent as provided rely reflect a change in the registered office address. I have ed in writing of this change. CT Corporation System	e to act in this co performance of m I for in Chapter 6 ereby confirm the	pacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been
By: Signa	nic of Registered Agent		
2,	Same and the same		

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00