L21000 460234

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUВЛ	FLAGLER WHITEHALL RADIAT	TION, LLC			
		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Ryan I) Merrell		<i>د</i> ے		
	Name of Person	<u> </u>			
Cancer	Specialists, LLC				
	Firm/Company				
7751 B	Belfort Parkway, Suite 350		• :		
	Address				
Jackso	nville, Florida 32256				
	City/State and Zip Code				
ryan.m	errell@csnf.us				
E	-mail address: (to be used for future and	nual report noti	fication)		
For fur	ther information concerning this matter	, please call:			
Ryan E) Merrell	904 at (363-2113		
	Name of Person	ar \	Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following	g amount:			
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

i. Na	time of the limited liability company:	ITEHALL RADIATIO	ON, LLC
2. (a)	FLAGLER WHITEHALL RADIATION, LLC	(b) FLAGLE	ER WHITEHALL RADIATION, LLC
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7751 Belfort Parkway, Suite 350	7751 Beli	fort Parkway, Suite 350
	Jacksonville, FL 32256	Jacksonvi	ille. FL 32256
	10/26/2021	L21000466	5234
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	FLAGLER WHITEHALL RADIATION, LLC		
5. (a)	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of Sta	ute:
	Robert J. Phelan		
	Registered Office Address (MUST BE FLORIDA STREET		
	7015 A.C. Skinner Parkway, Suite 1		23
	Jacksonville	32256	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:	
	Robert J. Phelan		
	NEW Registered Office Address:	-	_
	7751 Belfort Parkway, Suite 350		_
	Jacksonville F	il	_
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last eauthorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registered office are liability company, it of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address. If in writing of this change.	gree to act in this cap e performance of my led for in Chapter 60 I hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent		

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