

L99000002633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

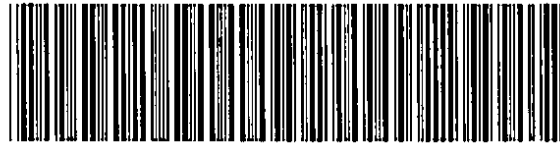
(Business Entity Name)

(Document Number)

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2017 DEC 18 AM 8:06
TALLAHASSEE, FLORIDA

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17 DEC 18 PM 3:07
TALLAHASSEE, FLORIDA

O SIMMONS
DEC 19 2017

AMENDMENT SECTION

CHEQUE # 6303: \$25.00

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: BREVARD COMMUNITY PATHOLOGY SERVICES, LLC

2. (a) 1555 SAXON BLVD, #502 (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

DELTONA, FL 32725

03/16/2017

99000002633

3. Date of filing/registration in Florida

4. Document number

5. (a) SCHLOSS, PAUL

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

BREVARD COMMUNITY PATHOLOGY SERVICES, LLC

1555 SAXON BLVD, #502 DELTONA, FL 32725

(b) SUDHIR K. VARMA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

BREVARD COMMUNITY PATHOLOGY SERVICES, LLC

NEW Registered Office Address:

1555 SAXON BLVD, #502

DELTONA, FL 32725

17 DEC 19 PM 3:01
 FILED
 TALLAHASSEE, FL
 STATE SECRETARY OF STATE

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.

Sudhir K. Varma

SUDHIR K. VARMA

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.

Sudhir K. Varma

Signature of Registered Agent