

| (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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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 6, 2020

Order#: 245269-092

Re: AUREUS RADIOLOGY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.   | Na                       | me of the limited liability company: AUREUS RADIO   | LOGY, L                                      | .LC   |
|--|--------------------------|---|--|---|
| 2.   | (a)                      | C & A Plaza   | _ (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)  |
|  |                          | 13609 California Street, Suite 500  |  |   |
|  |                          | Omaha. NE 68154-5260  | _  | Omaha, NE 68103-0037  |
|  |                          | 12/16/2002  | _  | M02000003352  |
| 3.   |                          | Date of filing/registration in Florida  | 4.   | Document number   |
| 5.   | (a)                      | C T Corporation System  |  |   |
|  |                          | Registered Agent and Registered Office shown on the records of th   | e Florida l                                  | Dept. of State:   |
|  |                          | 1200 South Pine Island Road   |  |   |
|  |                          | Registered Office Address (MUST BE FLORIDA STREET AL  | <u>DDRESS)</u>                               |   |
|  |                          |   |  |   |
|  |                          | Plantation . FL   | 22224  | 2020 APR _  |
|  |                          | riantation , FL_  | 33324  | ——————————————————————————————————————  |
|  | (b)                      | Corporation Service Company   |  | 8   |
|  | (0)                      | Enter name of NEW Registered Agent and/or NEW Registered C  | Office add                                   | ress: P P   |
|  |                          |   |  | -8 PH 5: 3:   |
|  |                          | 1201 Hays Street  | _  | <u> </u>  |
|  |                          | NEW Registered Office Address:  |  | 7   |
|  |                          | Tallahassee .FL   | 32301  |   |
|  |                          |   |  |   |
| th<br>ag<br>w  | e cha<br>gent v<br>as/we | mited liability company is not organized under the law-<br>inge or changes are made, the Florida street address of tay-<br>ill be identical. Or, in the case of a Florida limited liab<br>free authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the liab | the regist<br>bility cor<br>the limi         | ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in   |
| /s/ Jill Cilmi   |                          |   | Jill C                                       | ilmi, Authorized Person   |
| Signature of a member or authorized representative of a member Printed or typed name of signee |                          |   |  |   |
| pi<br>th<br>to   | rovisi<br>e obl<br>mere  | by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered affice address, I have the property of this change.  | e to act<br>performa<br>for in C<br>ereby co | in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been |
| S  | ignatu                   | re of Registered Agent Corporation Service Company  | BY: Ar                                       | ni M. Casper, Asst. Vice President  |