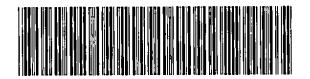
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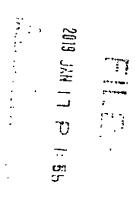
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						

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: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: January 15, 2019

Order#: 553018-086

Re: HUTTON MEDICAL SERVICES, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Soraya Sariaslani 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.

L. Na	me of the limited liability company: HUTTON MI	EDIÇAL SER	VICES, LLC			
2. (a)	2051 Range Rd Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Maili		ed liability company: ST OFFICE BOX)	
	Clearwater, FL 33765		Clearwater, F	FL 33765		
	12/30/2002		M020000034			
3.	Date of filing/registration in Florida	4.	Do	cument number		
5. (a)	C T CORPORATION SYSTEM					
	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of State:			
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREA	ss (MUST BE FLORIDA STREET ADDRESS)				
	PLANTATION	FL 33324				
(1.)	Corporation Social Company			;		
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	red Office add	ress:	; ;	2019	
					SA ST	
	1201 Hays Street			•		
	NEW Registered Office Address:			: -		
				:	TU - ţ	
				•		
	Tellahaanaa	EL 20204		;	മ ഇ	
	Tallahassee	FL_32301_				
the cha agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membe cles of organization or the operating agreement of	s of the regist d liability cor rs of the limi	ered office and npany, it is her led liability co	d the business of reby confirmed t impany or as oth	ffice of the registered that the change(s)	
	Jill Cilmi, Authorized Person					
Signature of a member or authorized representative of a member Printed or typed name of signee						
provisi the obli- to merc notifisc	ov accept the appointment as registered agent and sons of all statutes relative to the proper and compligations of my position as registered agent as provity reflect a change in the registered office address in writing of this change. One of Registered Agent Corporation Service Compan	ete performa ided for in Ci . I hereby coi	nce of my dutionapter 605, F.S. Ifirm that the l	v. I further agrees, and I am fam S. Or, if this doo limited liability o Asst. Vice Pre	niliar with and accept cument is being filed company has been	
-	on position and of the original	J				