(Requestor's Name)							
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(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Office Use Only							



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K. SALY



ATTORNEYS AT LAW

Vicki L. Meadors

904.346.5592 VMeadors@rtlaw.com 1301 Riverplace Boulevard · Suite 1500 Jacksonville, Florida 32207

904 . 398 . 3911 Main 904 . 396 . 0663 Fax www.rtlaw.com

January 18, 2017

VIA U.S. MAIL Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Registered Agent

Dear Sir or Madam:

I am enclosing the following:

- 1. Statement of Change of Registered Agent for Nassau Open MRI, LLC and a check in the amount of \$25 for your fee;
- 2. Statement of Change of Registered Agent for Suncoast Open MRI, LLC and a check in the amount of \$25 for your fee; and
- 3. Statement of Change of Registered Agent for Gulf Coast Real Properties, LLC and a check in the amount of \$25 for your fee.

If you have any questions, please do not hesitate to contact me.

Sincerely,

VICKI Meadow

Vicki L. Meadors

Enclosures

JAX\2090954_1

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

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1. Na	ame of the limited liability company: <u>Nassau Open</u>	MRI, L	LC				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	-	of limited liability comp BE POST OFFICE BO		
	1865 Lime Street, Suite 102		420 Cl	harter Bouleva	rter Boulevard, Suite 402		
	Fernandina Beach, FL 32034		Macon	n, GA 31210			
	1/13/2004		M0400(0000262			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)	Registered Agent and Registered Office shown on the records of Donald Wright			tate:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>'S)</u>				
	1301 Riverplace Boulevard, Suite 1500						
	Jacksonville, F	L_32207	7		2017 JAN 20 SECHETARI FALLAHASSI		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:		2017 JAN 20 AM 9: 32 SECHETARY OF STATE FALLAHASSEE, FLORIDS	EDED	
	NEW Registered Office Address:				DRITTAT		
	1301 Riverplace Boulevard, Suite 1500						
	Jacksonville, F	L_32201	7				
the cha agent v was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited 1 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg iability of the line	istered off company, i mited liabi	ice and the busin t is hereby confi lity company or	ness office of the re irmed that the chan	egistered ge(s)	
	ature of a member or authorized representative of a member	Pe	eter O. Ho	olliday, III, Mar Printed or type	nager		
					-	1.1 7	
I here	by accept the appointment as registered agent and ag	gree to a	ct in this co	apacity. I furthe	er agree to comply	with the	

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.

Signature of Registered Agent MeadaD

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

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