

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only) Clate Light Holle by				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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MAY 18 2022				

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SECRETARY OF STATE
SEALLAHASSEE, FL

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000001	95	
	REFERENCE	: 663911	7573497	
	AUTHORIZATION	: Souls of	4. 4	
	COST LIMIT	: \$ 25.400	ra .	
ORDER DATE :	May 7, 2022			
ORDER TIME :	1:17 PM			
ORDER NO. :	663911-065			
CUSTOMER NO:	7573497			
CHANGE OF AGENT				
NIA MT	מת לי בססת החה	M DINIVOTO IIO		
NAME:	ARA-BOCA RATO	DIALISIS DEC		
PLEASE PETHEN	THE FOLLOWING AS	PROOF OF FILT	NG ·	
		INCOL OF FIBE		
XX PLAIN	FIED COPY STAMPED COPY			
CONTACT DERSON	N. Alevvic Weila	nd		

EXAMINER'S INITIALS:

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. N	Name of the limited liability company: ARA-BOCA RA	ATON DIALYSIS LL	С	
2. (a)	500 Cummings Center	(b) 500 Cummings Center		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 6550	Suite 65	550	
	Beverly, MA 01915	Beverly	, MA 01915	
	10/15/2004	M040000	004428	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)			
	Registered Agent and Registered Office shown on the records o C T CORPORATION SYSTEM	f the Florida Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)	<u> </u>	
1200 SOUTH PINE ISLAND ROAD				
	PLANTATION , F	L_33324	FIL WIZZ MAY 17 SECRETARY TALLAHA!	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office address:	MAY 17 PM 5: 40 RETARY OF STATE LLAHASSEE, FL	
	NEW Registered Office Address:			
	1201 Hays Street		_	
	Tallahassee, F	l		
chang agent was/v the ar Sign I heroprovisithe of to men	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livery authorized by an affirmative vote of the members ticles of organization or the operating agreement of the later of amember or authorized representative of a member educate the appointment as registered agent and ages sions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address. I seed in writing of this change.	e registered office a iability company, it of the limited liability conjunction in the limited liability conjunction with a limited liability conjunction and liability conjunction in the liability conjunction in Chapter 60 thereby conjum that	is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Printed or typed name of signce pacity. I further agree to comply with the y duties, and I am familiar with and accept to the limited liability company has been	
Signot	Grace E. Kirby, Asst. Vice President			