## M05000002003

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Stations Charles)					
(Document Number)					
(Bocament Namber)					
Continued Course					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					

Office Use Only



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2022 HAY 17 PM 12: 31 SECRETABY OF STATI

RECEIVED 2022 MAY 17 PM 3:

22 MAY 17 PM 3: 34

A. BUTLER MAY 18 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	э. :	12000000	195				
REFEREN	CE :	663911	7573497				
AUTHORIZATIO	: NC	Inello !	Cenar!				
COST LIM	IT :	\$ (25,00	CALLE !				
ORDER DATE : May 7, 2022							
ORDER TIME : 1:29 PM							
ORDER NO. : 663911-377							
CUSTOMER NO: 7573497							
	- <b></b>			<b></b>			
CHANGE OF AGENT							
NAME: MIDDLEBURG DIALYSIS LLC							
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FII	JING:				
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis We:	iland						
	EXAMI	NER'S INIT	'IALS:	_			

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

Pursuant to the provisions of sections 605.0114 or 605.9116, 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	ame of the limited liability company:	G DIALYSIS L	.LC				
2. (a)	500 Cummings Center	(b) <sup>5</sup>	500 Cummings Center				
2. ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_		ng address of limited liability company: ote: MAY BE POST OFFICE BOX)			
	Suite 6550	S	Suite 6550				
	Beverly, MA 01915		Beverly, MA 0	01915			
	04/15/2005	M	05000002003	3			
3.	Date of filing/registration in Florida	4.	Doc	cument number			
5. (a)							
<i>5.</i> (u)	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:	202 35 7			
	C T CORPORATION SYSTEM			FIL 2022 NAY 17 SECRETADO TALLAHA			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)		AS A			
	1200 SOUTH PINE ISLAND ROAD			·			
	PLANTATION . F	33324		ILED (17 PM 12:3 AHASSEE, FL			
(b)			_	FILE			
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	<u>ss</u> :				
	Corporation Service Company						
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee . [F	32301					
change agent was/w the art	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lever authorized by an affirmative vote of the members icles of organization or the operating agreement of the street authorized and appropriate terror and the street and the street authorized and the street address of the street address	ne registered of liability comp of the limited e limited liab	office and the vany, it is her d liability con ility company ni, Authorized	business office of the registered beby confirmed that the change(s) impany or as otherwise provided in y. d Person			
_	ture of a member or authorized representative of a member			nted or typed name of signee			
provisi the obt to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	e performanc led for in Cha I hereby confi	e of my dutie pter 605, F.S rm that the li	s, and I am familiar with and accept 5. Or, if this document is being filed imited liability company has been			
Signatu	Ilmro Tokubly ire of Registered Agent	Grace	e E. Kirby, A	sst. Vice President			