(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer.	
	-	

Office Use Only



600387768566

RECEIVED

Cf 5/18/2022

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 663911 7573497							
AUTHORIZATION: Spelle man							
COST LIMIT : \$ 25.00							
ORDER DATE: May 7, 2022							
•							
ORDER TIME: 1:27 PM							
ORDER NO. : 663911-290							
CUSTOMER NO: 7573497							
CHANGE OF AGENT							
NAME: HILLIARD DIALYSIS CENTER LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland							
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	lame of the limited liability company: HILLIARD DIAL	YSIS CI	EΝ	TER LLC					
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 (Note: MAY		-		
	Suite 6550			Suite 655	50				
	Beverly, MA 01915		_	Beverly, I	MA 01915				
	04/26/2005		M	10500000	2283				
3.	Date of filing/registration in Florida	4.	_		Document n	umber	·	<u> </u>	
5. (a)								
J. (a	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	f the Floric	da I	Pept. of Stat	e:				
	<u> </u>	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD			_				
	<u>-</u>					2022 HAY			
	PLANTATION FI	33324 L			_	TAN TE			
				-					
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	[*· ***********************************		O		
						四三			
	Corporation Service Company				- гл о л				
	NEW Registered Office Address:								
	1201 Hays Street				_				
	Tallahassee , FI	32 <u>30</u> 1را			_				
chang agent was/v the ar Sign I heroprovice the obto median.	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 livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the lature of a member or authorized representative of a member eby account the appointment as registered agent and agricular of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I	e register iability cof the line imited	red om lia l Ci	office an apany, it is ed liability con limit, Authors this con	of the business is hereby configured pany or orized Person Printed or type active I further	s office of irmed that r as otherwed name of s	the re t the ch vise pr	gistered nange(s) ovided in	
	Linace CKuble	<u>G</u>	rac	e E. Kirby	y, Asst. Vice	President			
Signat	ure of Registered Agent								