M06000003728

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

Office Use Only



600385117746

2022 MAY 17 AM 10: 56 SECRETARY OF STATE

ALLAHASSEE TO THE D

A. BUTLER MAY 18 2022



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

ACCOUNT NO. : I2000000195

REFERENCE : 663911 7573497

AUTHORIZATION

COST LIMIT

ORDER DATE: May 7, 2022

ORDER TIME : 1:22 PM

ORDER NO. : 663911-147

CUSTOMER NO: 7573497

CHANGE OF AGENT

NAME: BRADENTON DIALYSIS CENTER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland



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	ame of the limited liability company: BRADENTON I	DIALYSIS C	ENTER LLC		
2. (a)	500 Cummings Center	(b)	(b) 500 Cummings Center Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 6550 Beverly, MA 01915		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	Suite 6550	;			
	Beverly, MA 01915				
	07/05/2006	М	M06000003728		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of	ept. of State:			
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 SOUTH PINE ISLAND ROAD		\$ 2		
	PLANTATION . FI	33324 L	2022 HAY 17 SECRETARY TALLAHA		
			DA A		
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Corporation Service Company		AFRIC: 50 OF STATE SEE. FI		
	NEW Registered Office Address:		m 6		
	1201 Hays Street				
	Tallahassee . FI	32301			
change agent v was/w	imited 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 literative and provided by an affirmative vote of the members of organization or the operating agreement of the	e registered ability com- of the limited limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company.		
Signo	ture of a member or authorized representative of a member	JII CIII	mi, Authorized Person Printed or typed name of signee		
l here provisi he obl	by accept the appointment as registered agent and agi jons of all statutes relative to the proper and complete ligations of my position as registered agent us provide elv reflect a change in the registered office address. I d in writing of this change.	ree to act in performanced for in Cha hereby conf	this canacity. I further agree to comply with the		
	Drace C-Kuble	Grad	ee E. Kirby, Asst. Vice President		
Signatu	re of Registered Agent				