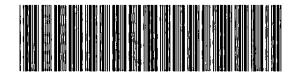
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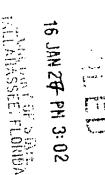
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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JAN 28 2016 Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 25, 2016

Order#: 957055-098

Re: ORANGE CITY SURGICAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company: ORANGE CITY S	SURGICAL,	LLC
2	(a)	1053 Medical Center Drive	_ (b)	
4.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 201		
		Orange City FL 32763		
		10/05/2006	MO	06000005515
3.		Date of filing/registration in Florida	4.	Document number
_	(~)	C.T. Corporation System		
5.	(a)	C T Corporation System Registered Agent and Registered Office shown on the records of the	e Florida Dept	t. of State:
		1200 South Pine Island Road	b b b E66	
		Registered Office Address (MUST BE FLORIDA STREET A)	DDKESS)	
				<u></u>
		Plantation, FL_	33324	A. C.
				27
	(b)	Corporation Service Company		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address	
		1201 Hays Street		1 3: 03 1 03: 03
		NEW Registered Office Address:		⇒************************************
			и.	
		Tallahassee , FL	32301	
the age wa the	cha ent v s/we arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of acles of organization or the operating agreement of the h	the registere bility compa the limited imited liabil	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Tiebe, Authorized Person
S	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I h pro the to not	пуне	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in to performance for in Chap ereby confir	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accept of 605, F.S. Or, if this document is being filed rm that the limited liability company has been
77		Inace Tokinby	DV. C	E Vieber Aget Vice Describert
- 51	unatu	re of Registered Agent Corporation Service Company	DI: UTACE	E. KIIOV, ASSI. VICE PTESIGEIII

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