m0600000 5791

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

Office Use Only



900253670059

11/14/13--01027--001 **25.00

ZUI3 NUV 14 PM 12: 30 SECRETARY OF STATE TALLAMASSEE FLORIDA

10 Guilligen NOV 1 5 2013



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: November 12, 2013

Order#: 881838-014

Re: DIRECPATH, 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: Ami Casper

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 608.416 or 608.508, 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. Name of the limited liability company: DIRECPATH, L	LC	 	
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 817 W. Peachtree Street, NW Suite 750		
(1. total in the street in the	Atlanta	GA 30308	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	817 W. Peachtree Street Suite 750 Atlanta, GA 30308	t, NW SELSHET TALL AH	
10/12/2009	M06000005791	N N	
3. Date of filing/registration in Florida	4. Document number	MO F	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	五型	
Registered Agent:	C T Corporation System	TE 30	
Registered Office Address:	1200 S. Pine Island Roa	d	
	Plantation	FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	Corporation Service Con		
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.	Florida street address of the	he registered office	
Signature of a member or authorized representative of a member	_		
Dona Priebe, Authorized Person			
Printed or typed name of signee	<u> </u>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my proceed that the company of this document is being filed to maddress, I hereby confirm that the limited liability company. By:	agree to act in this capac coper and complete perfo osition as registered ager erely reflect a change in i ny has been notified in wr	ity. I further agree to rmance of my duties, rn as provided for in the registered office riting of this change.	
Signature of Kegist Ped Agent Corporation Service Company	Sylvia Queppet, Assista	ant Vice President	

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