## 000005125

| (Re                                    | questor's Name)  |             |  |  |
|--|------------------|-------------|--|--|
| (Address)                              |                  |             |  |  |
| (Ad                                    | (dress)          |             |  |  |
| (Cit                                   | y/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                | ☐ WAIT           | MAIL        |  |  |
| (Business Entity Name)                 |                  |             |  |  |
| (Document Number)                      |                  |             |  |  |
| Certified Copies                       | _ Certificate    | s of Status |  |  |
| Special Instructions to Filing Officer |                  |             |  |  |
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D CUSHING

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 663912 AUTHORIZATION : COST LIMIT : ORDER DATE: May 7, 2022 ORDER TIME : 2:21 PM ORDER NO. : 663912-004 CUSTOMER NO: 7573497 ------CHANGE OF AGENT NAME: PALMETTO DIALYSIS CENTER LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker

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.                        | Na                             | ame of the limited liability company:  | YSIS                                 | CENTER   | LLC   |
|---------------------------|--------------------------------|--|--------------------------------------|--|---|
| 2.                        | (a)                            | 500 Cummings Center  | (b) 500 Cummings Center              |  |   |
|                           |                                | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | - `                                  | ,  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                           |                                | Suite 6550   |                                      | Suite 6  | 8550  |
|                           |                                | Beverly, MA 01915  | -                                    | Beverly  | y, MA 01915   |
|                           |                                | 08/21/2007   |                                      | M07000   | 005129  |
| 3.                        |                                | Date of filing/registration in Florida   | 4.                                   |  | Document number   |
| 5.                        | (a)                            |  |                                      |  |   |
|                           | , ,                            | Registered Agent and Registered Office shown on the records of the C T CORPORATION SYSTEM  |                                      |  | State: 2022 HAY   |
|                           |                                | Registered Office Address (MUST BE FLORIDA STREET AD   |                                      |  |   |
|                           |                                | 1200 SOUTH PINE ISLAND ROAD  |                                      |  |   |
|                           |                                | PLANTATION .FL 3   | 3324                                 |  | AH  |
|                           |                                |  |                                      |  |   |
|                           | (b)                            | Enter CNUW David Live Live Name of the Nam |                                      | <del></del>  | - 52  |
|                           |                                | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>   | Hice ac                              | igress:  |   |
|                           |                                | Corporation Service Company  |                                      |  |   |
|                           |                                | NEW Registered Office Address:   |                                      |  | <del></del>   |
|                           |                                | 1201 Hays Street   |                                      |  |   |
|                           |                                | Tallahassee  | 2301                                 |  |   |
| cha<br>age<br>wa          | ange<br>ent v<br>s/we          | mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of teles of organization or the operating agreement of the line.   | of the<br>gister<br>lity co          | ed office<br>ompany, i<br>nited liabi              | and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in   |
|                           |                                | - Xel C. While   | Jill                                 | Cilmi, Aut   | thorized Person   |
| I F<br>pro<br>the<br>to i | ierel<br>ovisi<br>obli<br>mere | use of a member or authorized representative of a member  of accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided for the reflect a change in the registered office address. I her tim writing of this change.   | to act<br>rform<br>or in C<br>eby co | in this co<br>ance of m<br>Thapter 6<br>onfirm the | Printed or typed name of signee apacity. I further agree to comply with the ty duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been |
|                           |                                | Dince Cokubi.  | Gra                                  | ice E. Kii   | rby, Asst. Vice President   |
| Sig                       | matui                          | e of Registered Agent  |                                      |  |   |