M07000005371

(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



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S Warren MAY 1 8 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: May 15, 2017

Order#: 623627-046

Re: THE ALTAMONTE SPRINGS FL ENDOSCOPY ASC, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Rachel O'Hayer

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.

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:	THE ALTAMON	NTE SPRI	NGS FL E	ENDOSCOPY	ASC, LLC	
2. (a)	1A BURTON HILLS BLVD Principal office address of limited liability company:		(b)	1A BL	JRTON HILLS		
	(Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	NASHVILLE, TN	37215		NASHV	'ILLE, TN 3721	5	
					•		
	09/05/2007	<u> </u>	- -	M07000	005371		
3.	Date of filing/registration in	Florida	4.		Document nu	ımber	
5. (a) (b)	NRAI SERVICES, INC						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	1200 SOUTH PINE ISLAND ROAD					ered	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					7 7 7 7	
					_	ASS.	
	Plantation	, FL	33324		_	SEE C	
	Cornevation Social Communication					er F	
	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:					I: 32 DORID	
		111377300	OTHER RUG	<u> </u>			
	1201 Hays Street						
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			_		
							
	Tallahassee	, FL	32301				
the cha agent v was/we	imited liability company is not organize or changes are made, the Florida solid be identical. Or, in the case of a Fire authorized by an affirmative vote of cless of organization or the operating at the company of the operation	street address of lorida limited lia of the members o	the registability con f the limited lia	ered offic npany, it i ed liabilion ibility con	te and the busing the confinity company or mpany.	ness office of the registered rmed that the change(s)	
Signat	Signature of a member or authorized representative of a member			Jill Cilmi, Authorized Person Printed or typed name of signee			
provision he obli	by accept the appointment as registere ons of all statutes relative to the proper igations of my position as registered a live reflect a change in the registered of in writing of this change. The of Registered Agent Corporation Service Office	er and complete gent as provided ffice address, I h	performai I for in Ch iereby cor	nce of my napter 60. nfirm that	pacity. I furthe duties, and I a 5, F.S. Or, if the the limited lia	r agree to comply with the im familiar with and accept his document is being filed bility company has been	
	e of Registered Agent Corporation Servi	company	DI: UR	ice E. Kl	ioy, Assistani	t Vice President	

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