

MA8000000703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

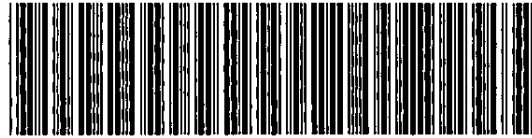
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUL -8 P 3:49

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JUN 11 2016  
J. BRUCE



July 8, 2016

**VIA OVERNIGHT MAIL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Registered Agent Change**

To Whom It May Concern,

Enclosed, please find the enclosed in regard to a change of registered agent for U.S. Imaging Network, LLC, including:

- 1) a completed Statement of Change of Registered Agent for Limited Liability Company;
- 2) a refund request letter; and
- 3) a copy of correspondence from Florida Department of State to U.S. Imaging Network, LLC.

Thank you for your support. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel L. Schneider".

Rachel L. Schneider  
Associate General Counsel  
(212) 532-3651

FILED  
2016 JUL -8 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2016

RACHEL L. SCHNEIDER  
733 THIRD AVE, 11TH FLOOR  
NEW YORK, NY 10017

SUBJECT: U.S. IMAGING NETWORK LLC  
Ref. Number: M08000000703

We have received your document for U.S. IMAGING NETWORK LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 916A00013249

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2016 JUL -8 P 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: U.S. Imaging Network, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel L. Schneider

Name of Person

U.S. Imaging Network, LLC

Firm/Company

733 Third Avenue, 11th Floor

Address

New York, NY 10017

City/State and Zip Code

officeofgeneralcounsel@usimagingnetwork.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel L. Schneider

Name of Person

at ( 212 ) 532-3651

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2018 JUL -8 PM 3:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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: U.S. Imaging Network, LLC
2. (a) Principal office address of limited liability company: 733 Third Avenue, 11th Floor  
(Note: **MUST BE STREET ADDRESS**) New York, NY 10017
- (b) Mailing address of limited liability company: 733 Third Avenue, 11th Floor  
(Note: **MAY BE POST OFFICE BOX**) New York, NY 10017

- 6/11/2006  
3. Date of filing/registration in Florida
- M08000000703  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company

Registered Office Address: 1201 Hays Street  
Tallahassee, FL 32301

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Independent Management Services

**NEW Registered Office Address:** 555 W. Waters Avenue  
(**MUST BE FLORIDA STREET ADDRESS**) Ste. 604  
Tampa, FL 33634

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

Michael Wasserman, General Counsel  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

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

FILED  
JUL - 8 P 3  
TALLAHASSEE, FLORIDA