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(Re	equestor's Name)	
(Ad	ddress)	
. (Ad	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Filing Officer:		

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JAN - 6 2013 T. HAMPTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: December 27, 2013

Order#: 922249-389

Re: JACKSONVILLE MEDICAL PLAZA 22, 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: Elizabeth Dawson

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.

TA OVCONIVI	LEMEDICAL DI AZA 22 LLA	C	
Name of the limited liability company: JACKSONVII	LLE MEDICAL PLAZA 22, LLC	<u> </u>	
2. (a) Principal office address of limited liability company: 750 B. Street, Suite 1220 San Diego, CA 92101			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	750 B. Street, Suite 1220 San Diego, CA 92101		
THURE. MAT BETOST OFFICE BOX	- San Diego, CA 92101		
03/28/2008	M08000001512		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. o	of State:	
Registered Agent:	NRAI Services, Inc.		
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	2015DEC SEDRE TALLAH	77
		<u> </u>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	30 AH	Ш
<u>NEW</u> Registered Agent:	Corporation Service Company	ည်းကို ထာ	D
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	50 S	
MUST BE PLURIDA STREET ADDRESS)	Tallahassee ,I	FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles climited liability company.	et address of the registered office ase of a Florida limited liability of by an affirmative vote of the men	and the busing company, it is of the ling	ess mited
(Signature of a member or authorized representative of a member)			
Dona Priebe, Authorized Person (Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified by:	igree to act in this capacity. I fur oper and complete performance as registered agent as provided change in the registered office ac d in writing of this change.	rther agree to of my duties, a for in Chapter idress, I heret	and I r 608, by
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00