M08000001752

(Re	equestor's Name)						
(Address)							
(Address)							
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



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D. SCOTT 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: Ashley Seeman ashley.seeman@cscglobal.com

Date: May 15, 2017

Order#: 623626-378

Re: ORLANDO/MILLS 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: Ashley Seeman 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. N	lame of the limited liability	company: O	RLANDO/MILL	S FL EN	DOSCOPY AS	C, LLC		
2. (a)	1A Burton Hills Blvd		(b)	1A Burton H	lills Blvd			
` '	Principal office address	al office address of limited liability company: Note: MUST BE STREET ADDRESS)		_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Nashville	TN	37215	_	Nashville	TN	37215	
	11/07/2014				M1400000179			
3.	Date of filing/reg	istration in Fl	orida	4.	Doc	ument number		
5. (a)) NRAI Services, Inc							
	Registered Agent and Registere	d Office shown o	n the records of th	he Florida	Dept. of State:			
	1200 South Pine Island	Road						
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	Plantation		, FL_	33324				
							المناسد المناسد	
(b)		 	····			- [<u></u>	
	Enter name of <u>NEW Registere</u>	d Agent and/or N	EW Registered (Office add	ress:	ب سسی ۱۳۳۰ م عداد م	過夏丑	
							ニート	
	1201 Hays Street					· /*	高一四	
	NEW Registered Office Addre	SS:				•••		
						í"	25. 4	
							資訊 5	
	Tallahassee		. FL	32301			J	
the chagent was/v	limited liability company is nange or changes are made, to will be identical. Or, in the vere authorized by an affirm ticles of organization or the	he Florida stro case of a Flor ative vote of t	eet address of t ida limited lial he members of	the regist bility con the limi	ered office and npany, it is here ted liability con	the business office by confirmed that npany or as otherw	e of the registered the change(s)	
	s/ Jill Cilmi			Jill C	ilmi, Authorized			
	ature of a member or authorized re	•				led or typed name of s	_	
понји	eby accept the appointment sions of all statutes relative oligations of my position as rely reflect a change in the red in writing of this change.	1 0						
Signat	ure of Registered Agent Corpor	ation Service	Company	BY: Gr	ace E. Kirby, A	Assistant Vice Pr	esident	
	Divisio	n of Corners	tiones PA R	ov 6327	Tallahaccaa I	FI 32314		