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Office Use Only



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05/17/17--01011--006 **25.00

SECRETARY OF STATE

HAT IS TOTAL OF STATES



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#: 623626-342

Re: MIAMI KENDALL 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.

2. (a)	1A Burton Hills Blvd Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b)	(b) 1A Burton Hills Blvd		
					Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Nashville	Nashville TN 37215			Nashville	TN 37215	
	06/20/2008				M08000002942	2	
3.	Date of filing/reg	gistration in Flo	orida	4.	Docum	ment number	
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						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	Plantation		, FL	, 33324		TALLY TALLY	
						CREIT	
	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:					SSI 1	
	Effet frame of the W Registere	u Agent andon M	E.W KEZISIETEU	Office audi	<u>css</u> .	ma 🕏 📶	
	1201 Hays Street					STATE ORIENTAL	
	NEW Registered Office Addre	ss:				2 C	
						A T	
	Tallahassee		, FL	32301	<u> </u>		
he cha agent v was/we	ange or changes are made, will be identical. Or, in the	the Florida stre case of a Flor ative vote of the	eet address of ida limited lia he members o	the registability con the limit	ered office and th npany, it is hereb ed liability comp	t is hereby confirmed that after ne business office of the registered y confirmed that the change(s) nany or as otherwise provided in	
	/ Jill Cilmi			Jill Ci	lmi, Authorized P		
_	ture of a member or authorized r	-				or typed name of signee	
provisi he obl o mer	by accept the appointment ions of all statutes relative ligations of my position as ely reflect a change in the din writing of this change.	to the proper of registered age registered office	agent and agr and complete nt as provide ce address, I i	ee to act i performa d for in Cl hereby cor	n this capacity. I nce of my duties, napter 605, F.S. Ifirm that the limi	l further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been	
	ire of Registered Agent Corpor	!`\				ssistant Vice President	

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