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on the top and bottom of all pages of the document.



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Account Number Phone	: LEGALINC CORPORATE SERV : I20180000011 : (844)386-0178 : (214)317-4754	ICES INC.			
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To: 18506176383 From: 14693173436 Date: 10/11/19 Time: 11:52 AM Page: 02/02 (((H190003031023)))

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	me of the limited liability company: Advanced Dia	agnostic	Holdings,	LLC				
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_ ("		ailing address of limited hability company (Note: MAY BE POST OFFICE BON)				
	CORPORATION TRUST CENTER, 1209	STICENTER, 1209 CORPO			RATION TRUST CENTER, 1209			
	ORANGE ST WILMINGTON, DE 19801		ORANGE	E ST WILMINGTON, DE 19801				
	01/05/2009		M0900000031					
3.	Date of filing/registration in Florida	4.	C)ocum c r	it nomb	per		
5. (a)	Registered Agent and Registered Office shown on the records of							
	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	the Florida	Dept of State.					
	Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	ADDRESS	<u> </u>	ALCA DE	130			
	PLANTATION	33324			_ ➤			
(b)	Enter name of NEW Registered Agent and/or NEW Registered LEGALING CORPORATE SERVICES INC.		dress		¥ 35			
	NEW Registered Office Address:							
	5237 SUMMERLIN COMMONS BLVD, SUI	TE 400						
	FORT MYERS, FI	33907						
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the Rokit Navani	ws of the the regis ability co of the lim limited l	stered office a impany, it is lited liability	and the l hereby c compan	busines confirm	is office of the registered and that the change(s)		
_	of a member or authorized representative of a member. Printed or typed name of signee							
provis the obt	by accept the appointment as registered agent and aginons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is change, this change, the change is the change of this change.	ree to uci perform ed for m (hereby c	ance of my ai Chaptèr 605, onfirm that th	city, I fi uties, an F.S. Oi ie limite H19000.	a ram , if this d habii	i document is being filed tity company has been		
	ire of Registered Agent		1,(()		- V ₄ - 1 V 4	· ~ (1) /		