409000003355

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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2022 KAY 17 AM 10: 47

of 3/18/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 663911 ... 7573497

AUTHORIZATION : Male

COST LIMIT : \$ 25.00

ORDER DATE: May 7, 2022

ORDER TIME : 1:25 PM

ORDER NO. : 663911-248

CUSTOMER NO: 7573497

CHANGE OF AGENT

NAME: FLORIDA DIALYSIS CENTER OF

ORLANDO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX __ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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	ame of the limited liability company: FLORIDA DIAL	LYSIS CEN	NTER OF ORLANDO, LLC
2. (a)	500 Cummings Center	(b	500 Cummings Center
. /	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 6550		Suite 6550
	Beverly, MA 01915		Beverly, MA 01915
	08/26/2009	1	M09000003353
3.	Date of filing/registration in Florida	4.	Document number
5. (a))		
J. (a)	Registered Agent and Registered Office shown on the records o	a Dept. of State:	
	C T CORPORATION SYSTEM	202	
	Registered Office Address (MUST BE FLORIDA STREET	2022 HAY	
	1200 SOUTH PINE ISLAND ROAD		() () () () () () () () () ()
	PLANTATION , F	L_33324	
			Idress:
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	Idress:	
	Corporation Service Company		
	NEW Registered Office Address:	·-	
	1201 Hays Street		
	Tallahassee	32301	
	limited liability company is not organized under the la	ws of the S	
igent v was/w	will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iability cor of the limi	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	XI el P GOME		Cilmi, Authorized Person
Signa	ature of a member or authorized representative of a member	·	Printed or typed name of signee
provisi he obi o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent us provide ely reflect a change in the registered office address, I d in writing of this change	e performa ed for in Ci hereby coi	ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed Infirm that the limited liability company has been
Olassa at	Dinco Tokuble	Gra	race E. Kirby, Asst. Vice President
Signatu	ire of Registered Agent		

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