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CORPORATION SERVICE COMPANY

CONTACT PERSON: Alexxis Weiland

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195 REFERENCE : 663911 7573497 AUTHORIZATION : Subblished to the control of the contro				
ORDER DATE: May 7, 2022				
ORDER TIME : 1:22 PM				
ORDER NO. : 663911-143				
CUSTOMER NO: 7573497				
CHANGE OF AGENT				
NAME: BIG LAKE KIDNEY CENTER, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY				

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.	Name of the limited liability company: BIG LAKE	KIDNEY CENTER, LLC			
2. (a	500 Cummings Center	(b) 500 Cummings Center			
- . (u	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: Mailing address of limited liability compa	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 6550	Suite 6550			
	Beverly, MA 01915	Beverly, MA 01915			
	09/28/2010	M10000004266			
3.	Date of filing/registration in Florida	4. Document number			
5. (a)				
J. (Registered Agent and Registered Office shown on the record C T CORPORATION SYSTEM	rds of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)			
	1200 SOUTH PINE ISLAND ROAD	022H	0221 TAL		
	PLANTATION	.FL 33324	7		
			?		
(t	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	<u>.</u> 5		
	Table dame of New Registered Agent and/or 1915 Wegi	THE N	,		
	Corporation Service Company	rn N			
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	FL			
changagen agen was/	ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limit	the laws of the State of Florida, it is hereby confirmed that a fighter than the fitter registered office and the business office of the registered liability company, it is hereby confirmed that the change there of the limited liability company or as otherwise provide fithe limited liability company. Jill Cilmi, Authorized Person	red e(s)		
Sign	nature of a member or authorized representative of a member	Printed or typed name of signee			
provi the o to me	isions of all statules relative to the proper and comp bligations of my position as registered agent as pro grely reflect a change in the registered office addres led in writing of this change.	l agree to act in this capacity. I further agree to comply wi blete performance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is being is, I hereby confirm that the limited liability company has b	th the accept g filed seen		
Signa	ature of Registered Agent	Grace E. Kirby, Asst. Vice President			