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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<b>⇒#</b> )
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: September 27, 2016

Order#: 303797-123

Re: VANTAGE ONCOLOGY TREATMENT CENTERS - CENTRAL FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Janis M. Smith 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.

OUCA.XCOA

## 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.

. (a)	Principal office address of li (Note: MUST BE ST	mited liability company:	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Manhattan Beach	C/ 90266		
	07/20/2011		<u>N</u>	<b>/</b> 111000003659
•	Date of filing/registra	ation in Florida	4.	Document number
. (a)	NRAI SERVICES, INC			
` /	Registered Agent and Registered Of	fice shown on the records of	of the Florida De	pt. of State:
	1200 SOUTH PINE ISLAND	ROAD		
	-	ST BE FLORIDA STREET	T ADDRESS)	
	Plantation	, F	TL 33324	<del></del>
	Osmontina Osmina Osmon			
(b)	Corporation Service Compare Enter name of NEW Registered Ag		ed Office addres	
	Enter name of NEW Registered Ag	ent and/or Megisters	ta Office address	
	1201 Hays Street			
	NEW Registered Office Address:			
				77-
		<del></del>		
				9 6 7
	Tallahassee	, F	L_32301	<b>2</b>
ne cha gent v as/wo	inge or changes are made, the living or changes are made, the living or in the cas	Florida street address on the of a Florida limited the vote of the members	of the register liability comp of the limited limited liab	the of Florida, it is hereby confirmed that after red office and the business office of the register bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in dility company.
Signa	ture of a member or authorized repres	sentative of a member	3111 (3111)	Printed or typed name of signee
here rovisi he obl	by accept the appointment as rons of all statutes relative to the igations of my position as regically reflect a change in the regical writing of this change	registered agent and a he proper and complei stered agent as provia stered office address,	gree to act in te performanc led for in Cha I hereby confi	this capacity. I further agree to comply with the ee of my duties, and I am familiar with and acce upter 605, F.S. Or, if this document is being file irm that the limited liability company has been