m11000004933

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Boodinest Plantasi)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500326873655

04/02/19--01023--002 **25.00

[F]L_E_L]
2019 APR -2 PH 12: 02

RA ROCHS

APR 1 2 2019

I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: March 29, 2019

Order#: 690646-006

Re: ADCS CLINICS, 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: Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive 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.

QUCA.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.

1.	Na	me of the limited liability company: ADCS CLINIC	S, LLC			
2.	(a)	151 SOUTHHALL LANE SUITE 300 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		OUTHHALL LANE SUITE 300 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		MAITLAND, FL 32751			MAITLAN	ND, FL 32751
		09/30/2011		_	M110000	04933
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	LEAVITT, MICHAEL D				
	•	Registered Agent and Registered Office shown on the records of the Florida Dent. of State:				
		151 Southhall Lane, Suite 300				22 00
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE	:SS)		2019 APR -2 1
						2
		MAITLAND	1. <u>327</u>	<u>'51-</u>	7235	THE PHE
	(b)	Corporation Service Company				PH12: 02
	(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	add	ress:	. ~~
		1201 Hays Street				-
		NEW Registered Office Address:				
		<u>Tallahassee</u> , F	L_323	01		
the ag wa	e cha ent w is/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the re liability of the l e limite	gist cot imi d li	tered office mpany, it is ted liability ability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
- :	Signat	ure of a member of authorized representative of a member	-			Printed or typed name of signee
pri the to	ovisi e obli mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and completing the ground of my position as registered agent as providity reflect a change in the registered office address, It in writing of this change.	gree to c e perfor led for ii l hereby	act rma n C r co	in this capt ince of my thapter 605 nfirm that	ucity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Si	gnatui	e of Registered Agent Corporation Service Company	BY:	Gr	ace E. Kir	by, Asst. Vice President