M1200000969

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A RAMSEY
MAY 18 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 663911 7573497

- Zyrat C

AUTHORIZATION

COST LIMIT : \$ 25 \ \ 200

ORDER DATE: May 7, 2022

ORDER TIME : 1:26 PM

ORDER NO. : 663911-251

CUSTOMER NO: 7573497

CHANGE OF AGENT

NAME: FORT LAUDERDALE RENAL DIALYSIS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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.

nme of the limited liability company: FORT LAUDE		ALTSIS, LLC
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 6	6550
Beverly, MA 01915	Beverly, MA 01915	
02/21/2012	M12000	0000969
Date of filing/registration in Florida	4.	Document number
Registered Agent and Registered Office shown on the records of	of the Florida Dept. of S	State:
C T CORPORATION SYSTEM		State:
Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
1200 SOUTH PINE ISLAND ROAD		10000000000000000000000000000000000000
PLANTATION	33324	
, r	1	
Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	ed Office address:	
NEW Registered Office Address:		
1201 Hays Street		
Tallahassee		
	aws of the State of e registered office iability company, i of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
Tallahassee, F imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members	Laws of the State of e registered office iability company, i of the limited liability c	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
Tallahassee	Laws of the State of e registered office iability company, i of the limited liability c	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Tallahassee Tallahassee Tallahassee For changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the second street address of the members of the control of the second street address of the second street a	aws of the State of e registered office iability company, i of the limited liability curve limited liability curve to act in this care performance of med for in Chapter 6 thereby confirm the	and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in company. thorized Person Printed or typed name of signce anacity. I further agree to comply with the
	Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of Tool Corporation Registered Office Address 1200 SOUTH PINE ISLAND ROAD PLANTATION Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	500 Cummings Center