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MAY 30 2014

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: May 16, 2014

Order#: 122848-013

Re: CITIZEN MED, 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: Morgan Kennedy

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.

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: CITIZEN MED, L	LC		. .		
2. ((a)	816 Elm Street #226 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Manchester NH 03101	_			· 	
		04/27/2012		M1200000			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	NRAI SERVICES, INC.					
		Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:		
1200 SOUTH PINE ISLAND ROAD							
		Registered Office Address (MUST BE FLORIDA STREET AL	1				
		Plantation, FL	33324		· ;=;	هم ا	
					•	٠,٠	
1	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C	Office add	lress:		7	•
		and the state of t					
		1201 Hays Street					; .
		NEW Registered Office Address:			•		Name of Street
					·	, N	**
						. S	
		Tallahassee , FL_	32301				
the age was	cha nt v s/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of titll be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he regis pility co the lim	tered office mpany, it is ited liability	e and the business offices hereby confirmed that you company or as otherward that the company or as otherward the company or as otherward.	e of the	registered ange(s)
		0 36 3	Don	a Priebe, A	UTHORIZED PERSON		
	_	ure of a member or authorized representative of a member			Printed or typed name of s	•	
noi	ijied	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I ha I in writing of this change.	e to act perform for in (pereby co	in this cape ance of my c hapter 605 onfirm that	acity. I further agree to duties, and I am familion, F.S. Or, if this documented liability contains the limited liability contains.	o compl ar with a nent is t npany h	ly with the and accept being filed as been
<u> </u>		re of Registered Agent Corporation Service Company	יא מיני		annsa kaan saca	י את ניס	TINTINIO
Sig	natu	re of Registered Agent Corporation Service Company	BY:GI	CACE E. K	URBY, ASST. VICE	PRES	IDEN!

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