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(Red	questor's Name)							
(Add	dress)							
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL .						
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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JAN 31 2017 S. YOUNG

17 JAN 30 PM 5: 23

SECRETARY OF STATE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463320-297

Re: MANATEE CARDIOLOGY ASSOCIATES, 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: Grace Kirby

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

17 JAN 30 PM 5: 23

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.

	Name of the limited liability com	ipany: MANATEE C	AKDIOLOG						
2. (a)		316 Manatee Avenue West		(b) 316 Manatee Avenue West					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Bradenton	FL 34205		Bradenton	FL	34205			
	05/25/2012			M120000029	67				
3.	Date of filing/registra	ation in Florida	4.	Do	cument n	umber			
5. (a	C T Corporation System								
J. (a	Registered Agent and Registered Of	fice shown on the records	of the Florida I	Dept. of State:					
	-			•					
	1200 South Pine Island Roa Registered Office Address (MUS		T ADDRESS)						
	Registered Office Address [1940]	II BE FLORIDA STREE	1 ADDRESS)						
							=	≥S	
	Plantation	,	FL 33324				نے		
	riantation		rl <u>30324</u>				JAN .		
(b) .	Corporation Santian Compa	2)./					30	SSA	
	/	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:					PH	70	
	Table Marie of Italy Registered He	one of the or the property of							
	1201 Hove Street						2	87	
	1201 Hays Street NEW Registered Office Address:						ယ်	#SE	
	registered office Address.							·	
	Tallahassee		FL <u>32301</u>						
T.C1	11 12 141 1 141			u	1	,	3.41.4	0	
the ch agent was/v	limited liability company is not nange or changes are made, the limit will be identical. Or, in the case were authorized by an affirmative ticles of organization or the ope	Florida street address e of a Florida limited e vote of the member	of the regist liability con s of the limit he limited lia	ered office and npany, it is her ted liability co ability compan	d the bus reby cont mpany of y.	iness office of firmed that the ras otherwis	of the reg he chang	gistered e(s)	
<u> </u>	- XXX (, W)	wer	Jill Ci	lmi, Authorize					
l her provi the ol to me	tature of a member or authorized representation as resident the appointment as resions of all statutes relative to the bligations of my position as regionally reflect a change in the region writing of this change.	egistered agent and a	igree to act i le performa ded for in Ci I hereby coi	n this capacity	v I furth	ed name of sigr er agree to c am familiar this docume ability comp	comply w	vith the l accept ng filed been	
χ	Snaco Z-Kubu								
Signa	ture of Registered Agent Corporation	n Carriag Company	, RV Gr	ace F Kirby	Aget V	ice Presider	nt		