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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	····
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE

PICTO VED

T. LEMIEUX



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: February 25, 2015

Order#: 506787-007

Re: COLOGIX JACKSONVILLE, 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.

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: COLOGIX J	ACKSONVIL	LE, LLC					
2. (a)		2300 15th Street, Suite 300		(b	(b) 2300 15th Street, Suite 300					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			/	Mailing address of limited liability of (Note: MAY BE POST OFFICE)				
		Denver	C(80202		Denver	со	80202			
_		08/19/2013			M130000	•				
3.		Date of filing/regi	stration in Florida	4.		Document numbe	г			
5.	(a)	C T Corporation System	n			_				
	` ′	Registered Agent and Registered	Office shown on the records	of the Florida	Dept. of Sta	te:				
		1200 South Pine Island F	Road							
			MUST BE FLORIDA STREI		1					
							F (5)			
						_	FEB LAH			
		Plantation	,	FL 33324		_	B 27			
							SE?			
(b	(b)	Corporation Service Com	_							
		Enter name of NEW Registered Agent and/or NEW Registered O			iress:		2: 26 FLORIDA			
							26 PRII PRII			
		1201 Hays Street					DA A			
		NEW Registered Office Address	s:							
				<u> </u>		_				
		Tallahassee	,	FL 32301		_				
the age	cha ent w s/we	mited liability company is nge or changes are made, the vill be identical. Or, in the tree authorized by an affirmaticles of organization or the company of	he Florida street address case of a Florida limited ative vote of the member	of the regised liability controllers of the limited li	tered office mpany, it ited liabilitiability con	e and the business of the second seco	office of the registered that the change(s)			
_	Signat	ure of a member or authorized re	presentative of a member	2011	a i nebe, /	Printed or typed nam	e of signee			
Ill pro the to no	nerel ovisi obli mere tified	by accept the appointment of ons of all statutes relative to igations of my position as rely reflect a change in the lin writing of this change for of Registered Agent Corpor.	as registered agent and control of the proper and complete gistered agent as prove egistered office address.	ete performe ided for in C , I hereby co	ance of my Chapter 60 Infirm thai	oacity. I further agg duties, and I am fa 5, F.S. Or, if this d the limited liability	ree to comply with the miliar with and accept locument is being filed v company has been			

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

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	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	Denver	C(80202		Denver	CO	80202				
	08/19/2013			M13000005219	<u> </u>					
3.	Date of filing/reg	istration in Florida	4.	Docu	ment number	•				
5. (a)	C T Corporation System	n								
2. (u)	Registered Agent and Registere		of the Florida	Dept. of State:						
	1200 South Pine Island	Road								
		MUST BE FLORIDA STREET	ADDRESS	<u> </u>						
										
	Plantation	, F	L <u>33324</u>			Ξ_{α}	_			
	_						Σ1 Σ1			
(b)	Corporation Service Corr Enter name of NEW Registered		4.0600-14			RETAI AHAS	FEB			
	Enter hame of NEW Registerer	Agent and/or NEW Registere	g Office and	iress:		S A	27	777		
	1201 Hays Street					9.00 A.00	PH			
	NEW Registered Office Address					F STAT FLORI	:			
		•••				ORI ORI	2			
		·				OA A	6			
	Tallahassee	, F	L 32301							
the cha agent v	imited liability company is inge or changes are made, t will be identical. Or, in the ere authorized by an affirm	he Florida street address of case of a Florida limited l	of the regis liability co	tered office and t mpany, it is herel	he business or by confirmed	office of the re that the chan	egistei ge(s)			
the art	icles of organization or the	operating agreement of th	e limited li	ability company.	puriy or us on	iter wise provi	aca iii	•		
	026 2		Dona	a Priebe, Authoria	zed Person					
Signa	ture of a member or authorized re	presentative of a member	-	Printe	d or typed name	of signee				
I here provisi the obl	by accept the appointment ions of all statutes relative igations of my position as r ely reflect a change in the r	as registered agent and as to the proper and complet registered agent as provide	gree to act e performa led for in C	in this capacity. Ince of my duties, Thapter 605, F.S.	I further agre and I am fan Or, if this do	ee to comply niliar with an ocument is be	with to d acco	he ept ed		

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant VP