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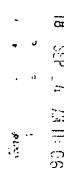
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					
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SEP - 8 2018 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: DOC-21st Century Sarasota	DOC-21st Century Sarasota, LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:					
Tonya Gideon						
Name of Person						
Universal Registered Agents, Inc.						
Firm/Company						
524 S. 2nd St., Suite 505						
Address						
Springfield, IL 62701						
City/State and Zip Code	 					
info@uragents.com						
E-mail address: (to be used for future annu	al report notification)					
For further information concerning this matter, p	please call:					
Tonya Gideon	217 501-4283					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
4 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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.	Name of the limited liability company: DOC-21st.Ce	intury S	Sarasota, L	LC
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (N	dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	309 N Water Street		309 N W	ater Street
	Suite 500		Suite 500	0
	Milwaukee, WI 53202		Milwauke	e, WI 53202
3.	Date of filing/registration in Florida	4.		Document number
5. (ε	02/21/2014			
J. (c	Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC.	the Florid	a Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRES.	<u></u>	
	155 OFFICE PLAZA DR. SUITE A		_	· 69
	Tallahassee, FL	32301		· · · · · · · · · · · · · · · · · · ·
/1	Universal Registered Agents Inc			
(b	Enter name of NEW Registered Agent and/or NEW Registered	Office au	idress:	
				14 A 06
	NEW Registered Office Address:			.
	1317 California Street		- <u>-</u>	
	Tallahassee , FL	32304		
the clagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi ability co of the lin	istered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s)
	_ loke 1. Clum	Jol	hn T. Thon	nas, Authorized Signer
Sign	nature of a member or authorized representative of a member		_	Printed or typed name of signee
the or to me	eby accept the appointment as registered agent and agrees of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I see in writing of this change.	ree to ac perform d for in hereby c	t in this cape lance of my c Chapter 605, confirm that t	ncity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is heing filed the limited liability company has been
Signa	ture of Registered Agent			

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