M14000004309

(Requestor's Name)							
(Address)							
(Äddress)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
:							

Office Use Only



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TATE A SECULAR

45/18/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 663911 7573497							
AUTHORIZATION: Spelle man							
COST LIMIT : \$ 25.00							
ORDER DATE : May 7, 2022							
ORDER TIME : 1:25 PM							
ORDER NO. : 663911-244							
CUSTOMER NO: 7573497							
CHANGE OF AGENT							
NAME: FLORIDA DIALYSIS CENTER OF CELEBRATION, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland							

EXAMINER'S INITIALS:

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: FLORIDA DIALYSIS CENTER OF CELEBRATION, LLC						
2.	(a)	500 Cummings Center	(500 Cummings Center			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
		Suite 6550		Suite 6550			
		Beverly, MA 01915	_		Beverly, I	, MA 01915	
		06/18/2014		٨	и1400 0 00	004309	
3.		Date of filing/registration in Florida	4.	_		Document number	
5.	(a)						
	\ ->	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta C T CORPORATION SYSTEM					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2022 Sector		
		1200 SOUTH PINE ISLAND ROAD				TALL.	
		PLANTATION	33324			_	
1	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address Corporation Service Company NEW Registered Office Address:			ress:		
						, , - .	
						_	
		1201 Hays Street					
		Tallahassee	32301				
cha age was	nge nt v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of organization of the operating agreement of the limited liability.	register bility co f the lin limited	red om nit lia	office and pany, it is ed liability con bility con	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Signature of a member or authorized representative of a member						Printed or typed name of signee	
pro the to n	visi obli nere	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 by reflect a change in the registered office address. I h Lin writing of this change.	pertorm	an	ice of my i	eduties, and Lam tamiliar with and accept	
	<u> </u>	Crace C. Kubly	<u>G</u>	ira	<u>ce</u> E. Kirt	rby, Asst. Vice President	
Sig	natui	re of Registered Agent					