M4000004322

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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RAGRO Change



VISIGH OF CORPORATION

RECEIVED

A. RAMSEY MAY 18 2022 CORPORATION SERVICE COMPANY

CONTACT PERSON: Alexxis Weiland

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195		
	REFERENCE	: 6639117 7573497		
I	AUTHORIZATION	Spellecenan		
	COST LIMIT	: \$ 25.00		
ORDER DATE : May	y 7, 2022			
ORDER TIME : 1	:25 PM			
ORDER NO. : 663	3911 - 246			
CUSTOMER NO:	7573497			
CHANGE OF AGENT				
NAME: FLORIDA DIALYSIS CENTER OF HAINES CITY, LLC				
CERTIFIE		PROOF OF FILING:		

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. N	ame of the limited liability company: FLORIDA DIA	LYSIS CENTER OF I	HAINES CITY, LLC
2. (a)	500 Cummings Center	(b) 500 Cummings Center	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 6550	Suite 655	50
	Beverly, MA 01915	Beverly,	MA 01915
	06/18/2014	M1400000	14322
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			202
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	re:
	C T CORPORATION SYSTEM		
	Registered Office Address (MUST BE FLORIDA STREET	- M	
	1200 SOUTH PINE ISLAND ROAD	1000 A A A A A A A A A A A A A A A A A A	
	PLANTATION	33324	
(b)			;
(-)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	_
	Corporation Service Company		
	NEW Registered Office Address:		_
	1201 Hays Street		_
	Tallahassee . F	32301	
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited last each organization or the operating agreement of the company of the compan	e registered office an liability company, it is of the limited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	e performance of my led for in Chapter 603 Thereby confirm that	duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
Sia	those tokubly	Grace E. Kirl	by, Asst. Vice President
-oignatu	re of Registered Agent		