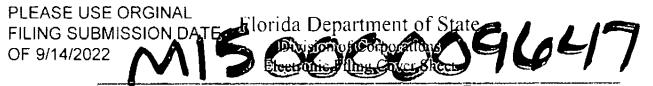
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Division of Corporations



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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.

(a) No Change Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 12/02/2015 Date of filling/registration in Florida A Document number CORPORATION NERVICE COMPANY Registered Agent and Registered Office shown on the records of the Florida Dept. of State. 1201 Hays street Registered Office Address Tallahassee FL 32301-2525 Tallahassee FL 32301-2525 Tallahassee NEW Registered Office Address: 1200 South Pine Island Road Plantation FL 33324 The limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the te change or changes are made, the Florida street address of the registered office and the business office of the crastwere authorized by an affirmative vote of the members of the limited liability company or as otherwise pre arrives of organization or the operating agreement of the limited liability company. Gabe Peluso Signature of a member or authorized representative of a member of authorized positive of a member of authorized positive or positive of a member of authorized positive or the proper and complete performance of michies, and I am familiar with the obligations of my position as registered agent and privated for in Chapter 605, F.S. Or. if this document is otherwise of proper for a complete performance of my duty, and I am familiar with the other proper and complete performance of my duty, and I am familiar with the other proper and complete performance of my duty, and I am familiar with the other performance of my duty, and I am familiar with the other performance of my duty, and I am familiar with the other performance of my duty, and I am familiar with the other performance of my duty, and I am familiar with the other performance of my duty, and I am familiar with the other performance of my duty, and I am familiar with the other performance of my duty, and I am familiar with the other performance of my duty, and I am familiar with the performance of my duty, and I am familiar with the performance	Na	me of the limited liability company: Letco Medical, Ll	LC.		
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