

M16000003436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

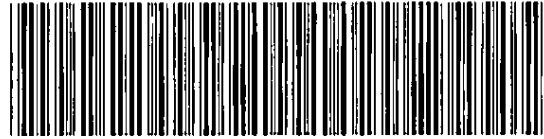
(Business Entity Name)

(Document Number)

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2022 MAY 17 PM 3:34

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2022 MAY 17 AM 9:00

SECTION OF CORPORATIONS  
TALLAHASSEE, FL

5/18/2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 663911 7573497  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

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ORDER DATE : May 7, 2022  
ORDER TIME : 1:28 PM  
ORDER NO. : 663911-344  
CUSTOMER NO: 7573497

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CHANGE OF AGENT

NAME: LAKE GRAY DIALYSIS CENTER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ 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: LAKE GRAY DIALYSIS CENTER, LLC

2. (a) 6196 Lake Gray Boulevard  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 112  
Jacksonville, FL 32244

(b) 6196 Lake Gray Boulevard  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Suite 112  
Jacksonville, FL 32244

3. 04/27/2016 Date of filing/registration in Florida

4. M16000003436 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
C T CORPORATION SYSTEM  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

FILED  
2022 MAY 17 AM 9:00  
STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill E. Cilmi Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Grace E. Kirby Signature of Registered Agent

Grace E. Kirby, Asst. Vice President