Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE SRMC, LLC

Certificate of Status	0
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JUL 03 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SRMC, LLC	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi-	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Mary Castillo	
Name of Person	and the second s
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Mary Castillo	888 705-7274
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:
S25 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. Na	me of the limited liability company: SRMC, LL	.C	
2. (a)	150 EAST MOUND STREET	(b) 150 EAST MOUND STREET	
2. (0)	Principal office address of limited liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	(Note: MUST BE STREET ADDRESS) SUITE 308	SUITE 308	
		COLUMBUS, OH 43215-5429	
	COLUMBUS, OH 43215-5429	COLOMBOS, ON 43213-3429	
	8/15/2016	M16000006535	
3.	Early or mind reference in the second	4. Document number	
5. (a)	CORPORATION SERVICE CO		
	Registered Agent and Registered Office shown on the records of the F 1201 HAYS STREET	Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)	
		_	
	TALLAHASSEE FI 32		-
			1 .
(b)	Registered Agent Solutions, Ir	nc	Fair-1
	Enter name of NEW Registered Agent and/or NEW Registered Off	dec address:	
	155 Office Plaza Dr.	Ilse address:	البيعة
	NEW Registered Office Address:		
	Suite A		
	Tallahassee, FL 33	2301	
the cha agent v was/wa	imited liability company is not organized under the laws or inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabil ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the lim	e registered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in	
	ynda L. Buel	Lynda L. Buel Managing Membe	er
_	ture of a member or authorized representative of a member	Printed or typed name of signee	
provis the ob- to mer notifie	ligations of my position as registered agent as provided for ely reflect a change in the registered office address, I her d in writing of this change.	to act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been	
, ,	Mackenzie Hart, Asst. Secretary ire of Registered Agent		