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S. WARREN

MAR 22 7018

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ECT: CanMedLabs, LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fo	llowing:			
Aaror	n Durali					
	Name of Person		-			
	Firm/Company		-			
8411	West Oakland Park Boulevard, Ste	. 302				
	Address		-			
Sunri	se, FL 33351		_			
	City/State and Zip Code					
ald@	duralifirm.com					
Ē	-mail address: (to be used for future annua	l report notific	ation)			
For fur	ther information concerning this matter, pl	lease call:				
Aaron	Durail	954 at (718-3655			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:		LING ADDRESS:			
	Registration Section Registration Section Division of Corporations Division of Corporations					
	Clifton Building P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301		hassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy			
INHS18	B (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: CanMedLabs	, LLC					
2.		8411 West Oakland Park Blvd., Ste. 302		(b)	8411 W	est Oakland Park Blvd	., Ste. :	302
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,		Mailing address of limited liability (Note: MAY BE POST OFFI		y:
		Sunrise, FL 33351			Sunrise,	FL 33351		
		03/05/2018	_	ľ	M180000	00519		
3,		Date of filing/registration in Florida	4,	•		Document number		
5.	(a)	David Di Pietro, Esq.						
	()	Registered Agent and Registered Office shown on the records of t	the Flori	da	Dept. of State	:		
		101 NE 3rd Ave., Ste. 1410						
		Registered Office Address (MUST BE FLORIDA STREET A	IDDRE:	SS)				
		Fort Lauderdale , FL	3330	1		. TASI	2018	
	(b)	Aaron Durali					8 MAR	T
•	(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	ren:	ASS	~~~	
		8411 West Oakland Park Boulevard, Ste. 30)2			1.338 1.338 1.338	PH	FILE
		NEW Registered Office Address:				FLORID	PH 4: 34	
		Sunrise, , FL	3335 ⁻	1				
the age: was	cha nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	the reg bility of f the li	rist cor mi	ered office npany, it is ted liability	and the business office of hereby confirmed that the company or as otherwise	the regi	stered (8)
					A	VEGY DUBLIT		
	-	are of a member or authorized representative of a member				Printed or typed name of signer		
I he protein the notice	ereb visio obli nere ifiea	ry accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ee to a perfori I for in iereby	ct i ma Ci coi	in this cape nce of my c hapter 603 nfirm that i	acity. I further agree to co juties, and I am jamiliar w , F.S. Or, if this document the limited liability compa	mply will ith and d is being ny has bo	th the accept filed een
Sign	natur	e of Registered Agent						