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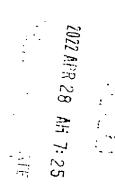
(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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JUN 1 0 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: April 23, 2021

Order#: 774946-016

Re: LEGACY MEDICAL HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

Name of the limited liability company: LEGACY MEDICAL HOLDINGS, LLC							
2.	(a)	1010 NE 2ND AVENUE		(b) 1010 NE 2ND AVENUE			
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	v) <u></u> -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		MIAMI, FL 33132	-	MIAMI, F	L 33132		
		09/10/2020		M2000000	07850		
3.5.	(b) _	Date of filing/registration in Florida MOISES, SERGIO	4.		Document number		
J.		Registered Agent and Registered Office shown on the records of the 1010 NE 2ND AVENUE	he Florid	2022			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES.				
		MIAMI,	33132	11 'II	B AM		
		Enter name of NEW Registered Agent and/or NEW Registered Office addre		ldress:	25		
		NEW Registered Office Address:			_		
		1201 Hays Street			_		
		Tallahassee, FL_	32301		_		
cha age wa:	inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the seles of organization or the operating agreement of the li	egistero oility co the lim	ed office an impany, it is sited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
		Xel E. Whie	Jill 6	Cilmi, Autho	orized Person		
	_	ire of a montherfor authorized representative of a member			Printed or typed name of signee		
Dro	misic	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change	ertorm	mce of my	duties, and I am familiar with and accept-		
	人	CANDIL			y, Asst. Vice President		