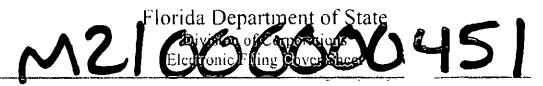
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Division of Corporations



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## LLC REGISTERED AGENT CHANGE ZIPHER MEDICAL AFFAIRS COMPANY, LLC

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To: - Page: 3 of 3 2022-08-10 08:05:12 CST 12122023573 From: Lexus Wingo

## 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.

I. N	ame of the limited liability company: Zipher Medical A						
2. (a)	No Change	ſb	No Chang	e			
_ , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	01/12/2021  Date of filing/registration in Florida		M121000000	451 Document nun	ıber		
5. (a	Trac-The Registered Agent Company						
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 236 E. 6Th Ave.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del>.</del>			
	Tallahassee F1.	32303		-			
(b)	C.T. Corporation System				SEGI	2022 AUG 1 O	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	一芸芸	S	A A
	1200 South Pine Island Road				3355 0 1355		AND ILEE
	NEW Registered Office Address:			-	F STATE FLORID	AM 8: 29	YED )
	Plantation F1.	33324		_	- ·	•	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regisability co of the lim limited l	stered office impany, it is ited liabilit	e and the busine s hereby confin y company or a npany.	ess office ned that t	of the he cha	registered inge(s)
-	ature at a member or authorized representative of a member		TA RALSTA	Printed or typed	name of sig	nec	
I here provis the ob- to men notific By:	why accept the appointment as registered agent and agraions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address. It is a CT Corporation System  ure of Registered Agent	ree to act perform d for in ( hereby c	in this cap ance of my hapter 605 onfirm that	acity. I further duties, and I an 5. F.S. Or, if th the limited liab	agree to I familiar is docume ility comp	compl with is put is h pany h	y with the ind accept eing filed as been