

M21000008573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

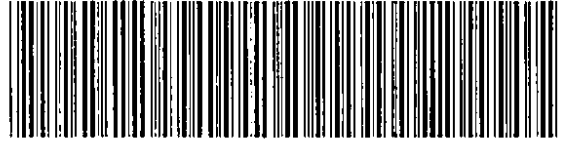
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100386833881

RECEIVED

2022 MAY -5 AM 11:17

STATE OF FLORIDA
ALLAHASSEE, FLORIDA

FILED

2022 MAY -5 AM 9:45

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LG
5/6

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

ACCOUNT NO. : I20000000195
REFERENCE : 658887 7581639
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : May 4, 2022
ORDER TIME : 7:50 AM
ORDER NO. : 658887-005
CUSTOMER NO: 7581639

CHANGE OF AGENT

NAME: FCHN-SOLIS HOSPITAL-BASED
MAMMOGRAPHY SERVICES, 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: FCHN-SOLIS HOSPITAL-BASED MAMMOGRAPHY SERVICES, LLC

2. (a) 15601 Dallas Pkwy (b) 15601 Dallas Pkwy
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

Suite 300 Suite 300
Addison, TX 75001 Addison, TX 75001

July 1, 2021 M21000008573

3. Date of filing/registration in Florida 4. Document number

5. (a) Evans, David L
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
225 E Robinson Street
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Suite 600
Orlando, FL 32801

FILED
 2022 MAY -5 AM 9:45
 TALLAHASSEE, FL
 SECRETARY OF STATE

(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

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.

/s/ Grant Davies Grant Davies, Authorized Person
 Signature of a member or authorized representative of a member 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.

Lindsey M. Baronie
 Signature of Registered Agent
 Lindsey M. Baronie, Asst. Vice President on behalf of Corporation Service Company

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00