M ZI 00000 8910

(Requestor's Name)
(Address)
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(Čity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 124395 8423450								
AUTHORIZATION: Line Blesson								
COST LIMIT : \$ 25.00								
ORDER DATE: November 9, 2023								
ORDER TIME : 9:31 AM								
ORDER NO. : 124395-157								
CUSTOMER NO: 8423450								
CHANGE OF AGENT								
NAME: UROSCAN LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Weiland-sorenson								
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. Na	me of the limited liability company: UROSCAN LI	LC					
		,	(b)				
(<i>a</i>)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	9010 STRADA STELL CT STE 103		9010 STF	ADA STELL CT STE 103			
	NAPLES, FL 34109		NAPLES, FL 34109				
	07/09/2021		M2100000	08910			
3.	Date of filing/registration in Florida	4.		Document numb	per		
f (a)							
5. (a)	Registered Agent and Registered Office shown on the records	of the Florid	da Dept. of Stat	ie:			
	Northern Litho LLC		•				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	(S)	_			
	9010 STRADA STELL CT STE 103				2	2	
	NAPLES					7077 EAV	
		FL			Č	. · .	
					ــ ن	 .) ;	
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	_			
						- -	
	Corporation Service Company				<u>.</u>	· ·	
	NEW Registered Office Address:			_		Ď	
	1201 Hays Street						
	Tallahassee	FL_32301		_			
change agent w was/we	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he register liability c s of the lir	red office and ompany, it is nited liability	d the business off s hereby confirme y company or as	fice of the ed that the	registered change(s)	
	/s/ Daniel Conley	Da	niel Conley,	Authorized Perso	on		
Signature of a member or authorized representative of a member			Printed or typed name of signee				
provisio he obli o mer e	oy accept the appointment as registered agent and a fons of all statutes relative to the proper and comple gations of my position as registered agent as provid by reflect a change in the registered office address, in writing of this change.	le perform led for in I hereby o	iance of my i Chapter 605 confirm that t	acity. I further as duties, and I am f. F.S. Or, if this the limited liabili BY, ASST, VICE	amiliar wi document ty company	th and accept is being filed v has been	
	Drace Cokuble	UKA	NUL D NIKE	SI, NOSI, VICE	TRESIDE	AN I	
Signatur	e of Registered Agent						