## 199000000113

(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:							

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: May 15, 2017

Order#: 623626-255

Re: CORAL SPRINGS AMBULATORY SURGERY CENTER, 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: Ashley Seeman c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

## 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: CORAL SPRING	S AMBI	JLATORY SURGERY CENTER	R, LLC			
2	(a)	1725 University Drive, Second Floor	(b)	1A Burton Hills Blvd,				
-	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
		Coral Springs FL 33071	_	Nashville	TN	37	215	
		01/27/1999		M99000000113				
3.		Date of filing/registration in Florida	4.	Document number				
5.	(a)	NRA! Services, Inc						
٥.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:				
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS					
		Registered Office Federal Strategy and Federal Stra	D D REDGY					
		Plantation , FL_	33324			7		
		,			71-	-	••	
	(b)	Corporation Service Company			(2) (1) (2) (2)	7	•	
		Enter name of NEW Registered Agent and/or NEW Registered (	Office add	ress:		High Time	70.0	
					$\mathbb{F}_{\mathcal{C}}$	150 700		
		1201 Hays Street			22	CD	***	
		NEW Registered Office Address:			72	(Fig.		
		Tallahassee , FL_	32301					
th ag wa	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the limi	tered office and the business of mpany, it is hereby confirmed t ted liability company or as othe	fice of that the	the regi change	stered (s)	
	/s	/ Jill Cilmi	Jill C	ilmi, Authorized Person				
_	Signat	rure of a member or authorized representative of a member	••••	Printed or typed name of	of signee			
pr th to	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act performa I for in C ereby co	in this capacity. I further agre ince of my duties, and I am fam hapter 605, F.S. Or, if this doc nfirm that the limited liability o	e to com iliar wit cument i compan	nply wii th and d is being y has be	th the accept filed een	
Si	gnatu	re of Registered Agent Corporation Service Company	BY: G	race E. Kirby, Assistant Vice	Presid	ent		