## 11300002639

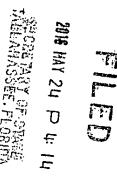
(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: May 20, 2016

Order#: 137859/001

Re: MDVIP FOUNDATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	7.0302, 607.1308, or 617.1308, Florida organized under the laws of the State of	Florida	-
in orde	r to change its registered office or	registered agent, or both, in the State of	Florida.	
1. The name of	the corporation: MDVIP FOUNDAT	TION, INC.		
2. The principal	office address: 4950 COMMUNICA	ATION AVE., SUITE 100, BOCA RATO	N, FL 33431	
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 03/18/2013 Document number: N1300			0002629	
	I street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file vesigned)	with the	
	CORPORATE CREATIONS		_	
	11380 PROSPERITY FARMS RO	DAD, #221E	Took sin	
	PALM BEACH GARDENS, FL 33	3410	200 - 200 -	
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and /or registered o	officer 2	
	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	デーフ - 200 - 200 - 200 - 500 - 500	U
	1201 Hays Street		F	
		ox NOT acceptable		
	Tallahassee	FL 32301	_	
The street addre	ess of its registered office and the sbe identical.	street address of the business office of i	its registered ager	nt,
Such change wa author zed by th	as authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	officer so	
Xie	. E Gomi	Jill Cilmi, Vice President		
Signatu	re of an officer of director	Printed or typed name and to	itle	
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of all my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and cot and accept the obligation of my positio o reflect a change in the registered offi fied in writing of this change.	n as registered	
By: Drace	2-Kubi	05/11/2016		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
Ť	yped or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*