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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGEN	5.4.
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR $\cline{}^{\downarrow}$ BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this properties of the State of Florida registered agent, or both, in the State of Florida.
1. The name of (the corporation: Marion Medical Ec	quity Investors Corporation
•	office address:	
	ddress (if different):	4
4. Date of incorp	poration/qualification: 11/09/2000	Document number: P00000105309
5. The name and		stered agent and registered office on file with the
	CORPORATION SERVICE COM	PANY
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301-2525	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	CT Corporation System	22 22
	1200 South Pine Island Road	
	P.O F Plantation, Florida 33324	Boy NOT acceptable
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent,
Such change wa authorized by th	es authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.
PB	elan cel	Patricia Belanger, Secretary Pointed in typed name and title
Thereby accept Thursher overe	the appointment as registered as to comply with the provisions of i	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I stified in writing of this change.
C T Cor By: []	poration System	7/19/2019
	nature of Registered Agent	Date
	hulf of an entity:	
Michele Holden,	Asst Sect	•
•;	president make make	

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