P1100021927

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(Address)	<u></u>		
(Address)			
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PICK-UP W	AIT MAIL		
(Business Ent	ity 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: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/295

Re: TENNESSEE VALLEY NEONATOLOGY, 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:Tecora Bell 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 ch	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	ganized under the laws of the State of	FL
1. The name of	the corporation: TENNESSEE VALLE	Y NEONATOLOGY, INC.	
•	l office address: Sunrise Boulevard Mailstop PL-6_Plar	ntation FL 33322	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/04/2011	Document number: P110000)21927
	d street address of the current registered rtment of State: (If resigned, enter resigned)		th the
	MARCUS JILLIAN		
	7700 WEST SUNRISE BOULEVARE	D	
	Plantation	FL 33322	
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered of	199
	Corporation Service Company	·	The second secon
	1201 Hays Street		10A 22
	P.O. Box N	OT acceptable FL 32301	
The street address changed will	ess of its registered office and the street be identical.		s registered agent,
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been i	ed by its board of directors or by an onotified in writing of the change.	officer so
\sim	el E. Whee	Jill Cilmi, Vice President	
()	ire of an officer or director	Printed or typed name and title	e
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent of the comply with the provisions of all storms of all storms and I am familiar with and is document is being filed merely to rethat the corporation has been notified on Service Company	atutes relative to the proper and com l accept the obligation of my position eflect a change in the registered offic	plete as registered e address, I
By: Line	re Coknole	05/25/2017	<u> </u>
_	nature of Registered Agent	Date	
	half of an entity:		
	, Asst. Vice President		
Т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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