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JUN 0 5 2017 S. YOUNG



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#: 635632/282

Re: SHERIDAN ROP SERVICES OF FLORIDA, 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	ange is submitted for a corporation o	.0302, 607.1308, or 617.1308, Floriac rganized under the laws of the State of egistered agent, or both, in the State of	f FL	
1. The name of	the corporation: SHERIDAN ROP SE	ERVICES OF FLORIDA, INC.		
2. The principal	office address:	OP PL-6 PLANTATION, FL 33322		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 07/22/2015	Document number: P15000	0061117	
5. The name and		red agent and registered office on file v		
	MARCUS JILLIAN	· · ·	<del>-</del>	
	7700 WEST SUNRISE BOULEVAR	RD		
	PLANTATION	FL 33322	7	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered of	office SSE	
	Corporation Service Company			j
	1201 Hays Street		- 65 <b>f.</b> 2	
	Tallahassee	NOT acceptable FL 32301	· · · · · · · · · · · · · · · · · · ·	
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of	its registered agent,	
Such change was authorized by the	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by ar n notified in writing of the change.	officer so	
X	el C. agni	Jill Cilmi, Vice President		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	'my duties, and I am familiar with a	statutes relative to the proper and co nd accept the obligation of my position reflect a change in the registered offi	mplete on as registered	
By: J	mature of Registered Agent	05/25/2017 Date	<del></del>	
_	chalf of an entity:	<del></del>		
0 0	, Asst. Vice President			
	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 \* \* \*