(Requestor's Name)				
(Address)				
(Addiess)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Fitone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J Ho-				
J. HORNE OCT - 7 2022				
UCT - 7 2022				
*022				

Office Use Only



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2022 OCT -6 PH 12: 14

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120.000000195  REFERENCE : 369138 C 83:91.293  AUTHORIZATION :				
COST LIMIT : \$35.00				
ORDER DATE : September 22, 2022  ORDER TIME : 1:57 PM				
ORDER NO. : 969138-027				
CUSTOMER NO: 8391293				
CHANGE OF AGENT				
NAME: AMERICAN ONCOLOGY PARTNERS, P.A.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker EXT#				
EXAMINER:				

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Flor on organized under the laws of the State or registered agent, or both, in the State	e of FL	
1. The name of	the corporation: AMERICAN ONC	COLOGY PARTNERS, P.A.		
		vd., Suite 100 Fort Myers. FL 33966		
3. The mailing	address (if different):		<del></del>	
4. Date of incorporation/qualification: 03/07/2018 Document number: P18000021541				
5. The name an		istered agent and registered office on fi		
	C T CORPORATION SYSTEM	И		
1200 SOUTH PINE ISLAND ROAD				
	PLANTATION, FL 33324		10220	
6. The name an (if changed):		red agent (if changed) and /or registere	2022 OCT -6 PH 12: SECRETARY SEE THE TO SEE THE PROPERTY OF TH	
	Corporation Service Company		— · · · · · · · · · · · · · · · · · · ·	
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the l be identical.	e street address of the business office	of its registered agent,	
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has b	adopted by its board of directors or be been notified in writing of the change	y an officer so	
Xe	e E. alprie	Jill Cilmi	Vice President	
/ 1	ire of an officer or director	Printed or typed name		
согрогиноп на	the appointment as registered a to comply with the provisions of all I am familiar with and accept ing filed merely to reflect a cham s been notified in writing of this a n Service Company	gent and agree to act in this capacity, all statutes relative to the proper and the obligation of my position as regis ge in the registered office address, I h change	complete performance tered agent. Or, if this tereby confirm that the	
By: The	aca Tokuble	10/04/2022		
	gnature of Registered Agent	Date		
tt signing on be	chalf of an entity;			
<u>_</u>	Asst. Vice President	***		
-1.	vped or Printed Name			

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