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## CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 335438 7988476

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 16, 2021

ORDER TIME : 10:35 AM

ORDER NO. : 335438-005

CUSTOMER NO: 7988476

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## CHANGE OF AGENT

NAME: LOWER KEYS RADIOLOGY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

**EXAMINER:** 

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of FL or registered agent, or both, in the State of Florida.	this
1. The name of t	he corporation: LOWER KEYS F	RADIOLOGY, INC.	
2. The principal	office address:		
8375 DIX ELLIS	TRL, SUITE 201 JACKSONV	ILLE, FL 32256	
3. The mailing a	ddress (if different): PO BOX 68	6 WAUSAU, WI 54402	
4. Date of incorp	oration/qualification: 11/22/20	21 Document number: P21000099864	
	street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	
	C T CORPORATION SYSTEM	vi	2
	1200 SOUTH PINE ISLAND R	ROAD	2021 050 17
	PLANTATION, FL 33324		
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office	7 MH: 44
	Corporation Service Company	·	111
	1201 Hays Street		
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and th be identical.	ne street address of the business office of its registe	red agent.
	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer s been notified in writing of the change.	so
Mua kotter		Nina Kottler, MD/Secretary	
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered a comply with the provisions of a comply with the provisions of a lam familiar with and accept a filed merely to reflect a chan been notified in writing of this a Service Company	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete pe the obligation of my position as registered agent, age in the registered office address, I hereby confir change.	erformance Or, if this m that the
Bk Jage	· Colubba	12/16/2021	
_	nalf of an entity:	Date	
Grace E. Kirby. /	Asst. Vice President		
	ped or Printed Name	_	

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