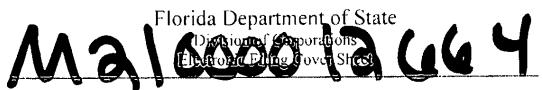
12/23/21, 3:21 PM

Division of Corporations



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Division of Corporations

Page, 3 of 4

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From:

Account Name : C T CORPORATION SYSTEM

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

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LLC REGISTERED AGENT CHANGE CENTRUM MEDICAL HOLDINGS, LLC

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C. BRUMBLEY

From: Lexus Wingo

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. iNa	me of the limited liability company: CENTRUM MEI		11000 1100	
	No Change	(b) No	Change	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)		
	8000 NORMAN CENTER DR., STE. 1200	800	0 NORMAN CENTER DR., STE, 1200	
	MINNEAPOLIS. MN 55437	MINNEAPOLIS, MN 55437		
	09/27/2021	M210	000012664	
	Date of filing/registration in Florida	4.	Document number	
(a)	CORPORATION SERVICE COMPANY			
(4)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Florida Dept.	, of State.	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	 -	
	TALLAHASSEE, FI	32301-2525	2021 5.5. 17.1	
(b)	C T Corporation System	FIL 2021 DEC 27 35 17 17 AT AS		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:	go 🚆 📶	
	NEW Registered Office Address:	·- <u>-</u>		
	1200 South Pine Island Road	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Plantation, FU	33324		
ie cha gent v ras/wo ie arti	mited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a florida limited liter authorizately an affirmative your of the members cles of production of the operation agreement of the	f the registered ability compa- of the limited be limited liabil	d office and the business office of the registere ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. pods. Manager	
-	ure of a member or authorized representative of a member		Printed or typed name of signee	
herel rovisi	by accept the appointment as registered agent and ag ons of all standes relative to the proper and complete agations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to act in the performance ed for in Chap	his capacity. I further agree to comply with the of my duties, and I am familiar with and acce ster 605, F.S. Or, if this document is being file	