

LD70000061623

Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT CHANGE
SMART CHOICE HEALTH PLANS, LLC**

Certificate of Status	0
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**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.

1. Name of the limited liability company: Smart Choice Health Plans, LLC

2. (a) 180 Beach Drive NE (b) 180 Beach Drive NE

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Unit 702

Unit 702

St. Petersburg, FL 33701

St. Petersburg, FL 33701

06/12/2007

L07000061623

3. Date of filing/registration in Florida

4. Document number

5. (a) Bryan Greenberg

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11 Baymont Street, #902

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Clearwater Beach, FL 33767

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

180 Beach Drive NE

NEW Registered Office Address:

Unit 702

St. Petersburg, FL 33701

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Michael D. Miller

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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