Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639 ECRETARY OF STATE !

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REGISTERED AGENT CHANGE

OMNI HOME HEALTH - DISTRICT 4, LLC

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

). The name of the limited i	inbility company is: On	ni Home Health - I	Olstrict 4, LLC		·
2. The mailing address of th	a Umited liability comp	any is: 11780 W. S	AMPLE RD., SUITE	105	
CORAL SPRINGS FL 33	•				
					*
4/29/2008				00043063	
3. Date of filing/registration			. Document number		•
The name of the register Florida Department of St		red office address a	s shown on the records	of the	
	FRED PORTNOY			_	
		Name			
	11780 W. SAMPLI				
		Address			
	CORAL SPRINGS			=	
		City, State and Zip			
3. The name and address of	the new registered ages	nt and/or office:			
	Corporate Creation			_	
		Name			
	11380 Prosperity F			_	
		dress (P.O. Box NC			
	Paim Beach Garder		33410	_	
	,	City, State and Zip			
If the limited liability comp or changes are made, the Fi identical. Or, in the case of an affirmative vote of the m the eperating agreement of	orida street address of t f a Florida limited liabili numbers of the limited li	he registered office . Ity company, it is he ability company or	and the business office reby confirmed that the	of the registered change(s) was/	agent will be were authorized by
(Signature of a member or aut)	horized representative of a	member)	-		
by S. Simons as attorne	rv_in_fact				May May
(Printed of Typed name of rigi	nce)		-		는음 물
I hereby accept the appoint of all statutes relative to the my position as registered a in the registered office additional and the registered office additional approach of Registered Agents of Registered Agents	e proper and complete p gent as provided for in (ress, I hereby confirm th	erformance of my d Chapter 608, P.S. C at the United Habili	uries, and I am familla ir, if this document is b ty company has been n	r with and accept eing filed to mere orified in writing	the obligations of
					$C_1 \rightarrow C_2$
	sion of Corporatin	ns, P.O. Box 63	6/. I BILA DA SSEE H	1.34314	
	sion of Corporatio	ns, P.O. Box 63	27, Tuilanassee, F	L 34314	

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 894-8107