

L08000043063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

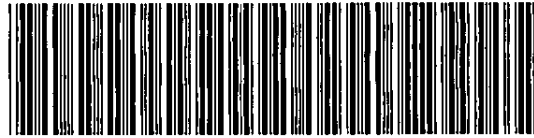
(Business Entity Name)

(Document Number)

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2013 MAY 20 AM 11:54  
TALLAHASSEE, FLORIDA  
SUPPORTS DIVISION OF REVENUE

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2013 MAY 20 AM 9:43  
STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

MAY 21 2013

J. BRYAN

**FLORIDA FILING & SEARCH SERVICES, INC.**

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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DATE: 5/20/13

NAME: OMNI HOME HEALTH - DISTRICT 4, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

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2013 MAY 20 AM 9:43  
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

*Attache*

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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 608.416 or 608.508, 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: OMNI HOME HEALTH - DISTRICT 4, LLC

2. (a) Principal office address of limited liability company: 510 HOSPITAL DRIVE

SUITE 100  
MADISON, TN 37115-5036

*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 510 HOSPITAL DRIVE

SUITE 100  
MADISON, TN 37115-5036

*(Note: MAY BE POST OFFICE BOX)*

April 29, 2008 L08000043063

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporate Creations Network, Inc.

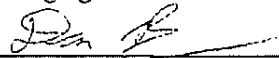
Registered Office Address: 11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, Florida 33410

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

NEW Registered Agent: National Corporate Research, Ltd., Inc.

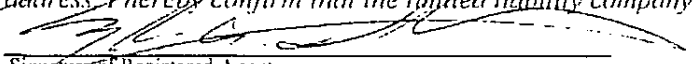
NEW Registered Office Address: 155 Office Plaza Drive  
(MUST BE FLORIDA STREET ADDRESS)  
Tallahassee, FL 32301

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

Don Borchert  
\_\_\_\_\_  
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 608, 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

Mark Thomas, Assistant Secretary  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

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