

L08000043063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

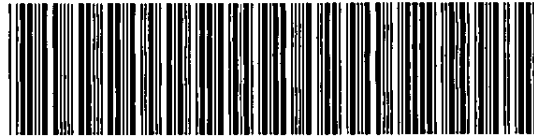
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600247983286

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

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

MAY 21 2013

J. BRYAN

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 5/20/13

NAME: OMNI HOME HEALTH - DISTRICT 4, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

FILED
2013 MAY 20 AM 9:43
SERIES 04 BY 00708/ATE
TALLAHASSEE, FL 32302

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attalke

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

(Note: MUST BE STREET ADDRESS)

SUITE 100
MADISON, TN 37115-5036

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

510 HOSPITAL DRIVE
SUITE 100
MADISON, TN 37115-5036

April 29, 2008

3. Date of filing/registration in Florida

L08000043063

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.

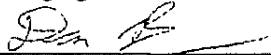
NEW Registered Office Address:

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

FILED
2013 MAY 20 AM 9:43
TALLAHASSEE, FLORIDA