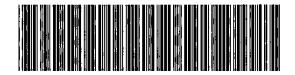
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D. DRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 360 HEALTH SYSTEMS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge R. Gutierrez

Name of Person

Gutierrez Yelin & Boulris, PLLC

Firm/Company

100 Almeria Avenue, Suite 340

Address

Coral Gables, FL 33134

City/State and Zip Code

jorge.gutierrez@gybmpl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge R. Gutierrez

.305

358-5100

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy



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 liability company submits the following statement in or agent, or both, in the State of Florida.	8.508, Florida Statutes, to rder to change its register	he undersigned limited red office or registered
1. Name of the limited liability company: 380 HEALTH SYST	EMS, LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	nny: 100 Almeria Avenue	
(NOTE: MUST BE STREET ADDRESS)	Coral Gables, FL 33134	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	100 Almeria Avenue Suite 202 Coral Gables, FL 33134	
5/13/2013	L13000070003	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of Registered Agent:	on the records of the Florid	la Dept. of State:
Registered Office Address:	14105 SW 82 AVE	
	MIAMI, FL 33158	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Jorge R. Gutierrez	CT C
(MUST BE FLORIDA STREET ADDRESS)	Suite 340 Coral Gables	2 FL 30U4
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company. Signature on member or authorized representative of a member	Florida street address of tentical. Or, in the case of a (s) was/were authorized by wise provided in the article	he registered office a Florida limited
Urs Ebner		
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or is this document is being filed to a address, I hereby confirm that the limited liability company is signature in registered Agent Division of Corporations, P.O. Box		