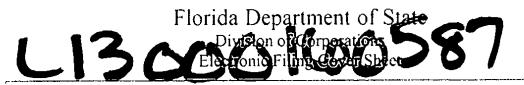
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## LLC REGISTERED AGENT CHANGE ONE HOMECARE SYSTEMS, LLC

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

2022-08-03 14:54:42 PDT

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.

	me of the limited liability company: ONE HOM No Change	(b) No (	Change
	Principal office address of limited liability comp: (Note: MUST BE STREET ADDRESS)		Maifing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	500 West Main Street		
	Louisville, KY 40202		
	11714/2013	L1300	00160587
(b)	Date of filing/registration in Florida KLEIN, BRENT D	4.	Document number
	Registered Agent and Registered Office shown on the re-	cords of the Florida Dept.	of State
	Registered Office Address	TREET ADDRESS)	
	MIAMI	FL 33146	
	C T Corporation System		SECRETA SALLAINA
	Enter name of NEW Resistered Agent and/or NEW Re	eistered Office address:	FILED ASSEE, F
	NEW Registered Office Address:		——
	1200 South Pine Island Road		<u></u>
	Plantation	. FL 33324	
cha nt w	imited liability company is not organized underinge or changes are made, the Florida street add will be identical. Or, in the case of a Florida linere authorized by an affirmative vote of the mericles of organization or the operating agreement	fress of the registered uited liability compar mbers of the limited l	office and the business office of the registery, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
ومنايا	ture of a member or authorized representative of a membe		Printed or typed name of signee

notified in writing of this change.

ssistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**