11/5/2015 9:50:35 AM From: To: 8506176383(1/2) Division of Corporations Division of Corporations Electronic Filing Cover Sheet

Page 1 of 2

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

; (850)205-8842

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Email	Address	·							
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LLC REGISTERED AGENT CHANGE ENCOMPASS HOME HEALTH OF THE SOUTHEAST, LLC

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S. YOUNG

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11/5/2015 9:50:35 AM From: To: 8506176383(2/2)

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

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.

			(b) _						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>-</u>	Mailing address of limited liability company; (Note: MAY BE POST OFFICE ROX) 6688 N CENTRAL EXPWY STE 1300 DALLAS, TX 75206						
	6688 N CENTRAL EXPWY STE 1300								
	DALLAS, TX 75206								
	07/01/2014		L14	000104	879				
•	Date of filing/registration in Florida	4.			Document number				
(a)	INCORP SERVICES INC								
	Registered Agent and Registered Office shown on the records of	f the Florid	ia Dep	. of Stat	 re:				
	17888 67TH COURT NORTH					三型的	#5		
	Registered Office Address (MUST BE FLORIDA STREET	=	SE						
						一芸芸	<u>8</u>	7	
•	LOXAHATCHRE	33470			-	- SSE	J.	-	
-	, FJ	L			-	Ha	-	11	
b) _	CT Corporation System					一定公	7	C	
	Enter name of NEW Registered Agent and/or NEW Registered	i Office no	dreas:		-		\Box		
	•					D) TT	#		
-	NEW Registored Office Address:				• ,				
1									
-	1200 South Pine Island Road				•				
1	Plantation	33324							
_	, PL	,							

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