

3/26/2015 10:09:04 From Mr. 6506176883

Division of Corporations

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**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

15 MAR 26 AM 10:00  
BUREAU OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC REGISTERED AGENT CHANGE  
AVAILITY, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA  
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3/26/2015 10:09:04 From: To: 8506176383

( 2/3 )

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Availity, L.L.C.  
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:

Deborah Adams  
Name of Person

Availity, LLC  
Firm/Company

10753 Deerwood Park Blvd S, Suite 110  
Address

Jacksonville, FL 32256  
City/State and Zip Code

Deborah.Adams@Availity.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Adams at ( 904 ) 538-5355  
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

DHS18 (2/14)

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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 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.

1. Name of the limited liability company: Availity, L.L.C.
2. (a) 10752 Deerwood Park Blvd S
Principal office address of limited liability company:
(NOTE: MUST BE STREET ADDRESS)
Suite 110
Jacksonville, FL 32256
(b) 10752 Deerwood Park Blvd S
Mailing address of limited liability company:
(NOTE: MAY BE POST OFFICE BOX)
Suite 110
Jacksonville, FL 32256
3. 4/24/2001 Date of filing/registration in Florida
4. M01000000902 Document number

5. (a) Karin J Lindgren
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
10752 Deerwood Park Blvd S
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 110
Jacksonville FL 32256

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation FL 33324

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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 principal or authorized representative of a member Karin J. Lindgren
Printed or typed name of signor

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 605, 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.

By: James M. Halpin
Signature of Registered Agent Assistant Secretary

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

INHS18 (2/14)