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(Re	equestor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Ві	ısiness Entity Nan	ne)						
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to Filing Officer:								

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D. SCOTT MAY 1 8 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: May 15, 2017

Order#: 623626-367

Re: NSC WEST PALM, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience

Thank you for your assistance in this matter. If there are $\mbox{\ensuremath{\varpi}}$ any problems or questions with this filing, please call our office.

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.	Na	me of the limited liability company: NSC WEST PAL	.M, LLC					
2.	(a)	1A Burton Hills Blvd		1A Burt				
_,	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Nashville TN 37215		Nashville		TN	37215	
		09/12/2003	. <u> </u>	M030000	003039			
3.		Date of filing/registration in Florida	4.		Document numb	er		
5.	(a)	NRAI Services, Inc						
		Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State	:			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
		Wareta-Waster W. St. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						
(b)		Plantation , FL_	33324					
	(b)	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addr	ess:				
		1201 Hays Street						
		NEW Registered Office Address:						77
						17.5 22:	< :> (i)	
		<u> </u>						
		Tallahassee FI	32301			<u> </u>	्र क्र	O
			·			1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	💯 😛	
the ag wa	e char ent was/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the less of organization.	the registed bility con the time.	ered office npany, it is ed liability	and the business hereby confirmed company or as of	office of that the	of the reg he chang	gistered e(s)
		Jill Cilmi	Jill Ci	lmi, Author	ized Person			
	_	ure of a member or authorized representative of a member			Printed or typed nar	_		
I i pro the to no	hereb ovision obli mere tifica	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act i performai for in Ch ereby cor	n this capa ace of my a apter 605, afirm that t	ncity. I further as luties, and I am f F.S. Or, if this i he limited liabili	gree to c amiliar docume ty comp	comply w with and nt is bein any has	ith the 'accept ig filed been
Si	gnatur	e of Registered Agent Corporation Service Company	BY: Gra	ice E. Kir	by, Assistant Vi	ice Pres	sident	

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