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Division of Corporations
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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:				
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## LLC REGISTERED AGENT CHANGE CARESOUTH HHA HOLDINGS OF NORTH FLORIDA, LLC

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LLAHASSEE, FLORIDA

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## STATEMENT OF CHANGE OF ÉEGISTERED 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.

2. (a)     Policy   P	1. N	ame of the limited liability company: CARESOUTH	HHA H	OLDIN	OS OF NORTH FLORIDA,	, LLC		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  JACKSONVILLE, FL 32216  Augusta, GA 30903-0200  M12000003402  3. Date of filing/registration in Florida 4. Document number  REGISTERED AGENT SOLUTIONS, INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  155 OFFICE PLAZA DR., SUITE A  Registered Office Address  TALLAHASSEE  FL  32301  (b) C T Corporation System  Enter name of NEW Registered Agent and/or NEW Registered Office and/orss:  NEW Registered Office Address:  1200 South Pine Island Road	2. (a)	690 SOUTHPOINT DR, NORTH STE 300		(b) P(	O Box 200			
06/15/2012  M12000003402  3. Date of filing/registration in Florida 4. Document number  REGISTERED AGENT SOLUTIONS, INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  155 OFFICE PLAZA DR., SUITE A  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  TALLAHASSEB  FL 32301  (b) C T Corporation System  Enter name of NEW Registered Agent and/or NEW Registered Office andress:  NEW Registered Office Address:  1200 South Pine Island Road  M12000003402  A. Document number  M12000003402  A. Document number  A. Docu	( )			(-)				
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Emily Lieberman  Signature of a member of authorized representative of a member  Printed or typed name of signee  Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 a margin the registered office address. I hereby confirm that the limited lightlift company has been	T Con	poration System Food Zen Terred Komper Asst. So	enetary ·					
Signature of a number or authorized representative of a member  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 as merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been outfiled in writing of this change.  The Corporation System	Signature	of Registered Agent						

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