

M18000003824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

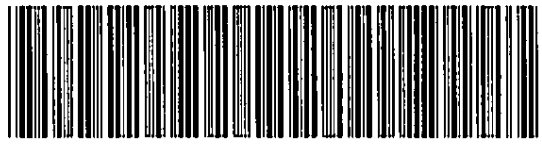
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900313349329

05/17/18--01018--017 **25.00

FILED
18 MAY 17 AM 11:48
SECRETARY OF STATE
PALEMBANG, INDONESIA

MAY 18 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: May 15, 2018

Order#: 207916-015

Re: ASCENTIAL CARE PARTNERS, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25.00.

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing.

Please return evidence to the following:

Attn: Ashley Jiminez
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: ASCENTIAL CARE PARTNERS, LLC

2. (a) 333 WEST VINE STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STE 300 LEXINGTON, KY 40502 (b) 333 WEST VINE STREET Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) STE 300 LEXINGTON, KY 40502

3. 04/18/2018 Date of filing/registration in Florida 4. M18000003824 Document number

5. (a) MCCOY, LEANNE Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3557 SAN PABLO RD S. #1504 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) JACKSONVILLE, FL 40502

(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street NEW Registered Office Address: Tallahassee, FL 32301

FILED MAY 17 AM 11:48

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.

/s/ Steve Herrig, Manager Signature of a member or authorized representative of a member

Steve Herrig, Manager Printed or typed name of signee

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.

Signature of Registered Agent Corporation Service Company By: Grace E. Kirby, Asst. Vice President