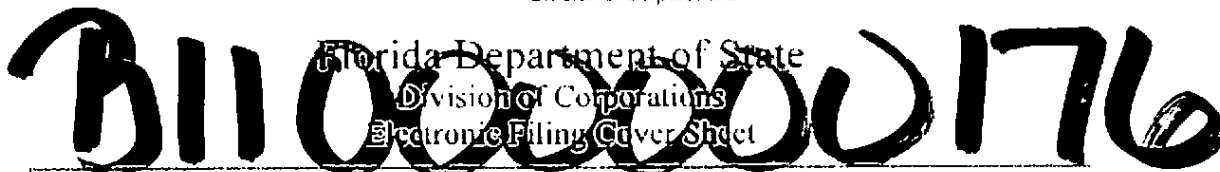


7/8/2019

Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002072913)))



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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**REGISTERED AGENT CHANGE
HEALTHSMART PREFERRED CARE II, L.P.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

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JUL 09 2019

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HEALTHSMART PREFERRED CARE II, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/16/2011 3. B11000000176
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301-2525
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CIT Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Jeanne Nelson
Signature of General Partner
Jeanne Nelson, Authorized Person of HealthSmart Benefits Management LLC, its
General Partner

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.

Alfred Younan
Signature of Registered Agent

Alfred Younan
Assistant Secretary

Filing Fee: ~~\$55.00~~
Certified Copy (optional): \$52.50

APPROVED
AND
FILED

2019 JUL -8 PM 4:28