B12000000308

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: November 16, 2018

Order#: 471998-282

Re: OXFORD CARE GROUP, LP

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

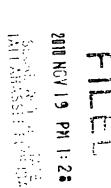
XX Please return evidence to the following:

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

XX 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.

OUCA.XCOA



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	OXFORD CAR	E GROUP,	LP	
	Name of Limited Partnership or Lin	nited Liability Lii	nited Partners	hip
2.	Date of filing/registration in Florida		B12000	000308
Date of fil			Florida document number	
4. The name of the Department of Stat	registered agent and the registered e:	office address as	shown on the	records of the Florida
	C T CORPORAT	TION SYSTE	<u>M</u>	
	Nar	ne		
	1200 SOUTH PINE	E ISLAND RO	DAD	
	Addi	ress		
	PLANTATION	FL	33324	
	City, State	and Zip		t
5. The name and F	lorida street address of the new reg	istered agent and/	or office:	
	Corporation Ser	vice Compan	у	
	Nar	ne		200 cm 200 cm 200 cm
	1201 Hay	s Street		
	Florida street address (P.		table)	5. 2.
	Tallahassee	FL	32301	
	City, State			
<u> </u>	is/are effective when filed by the Fl	orida Department	of State.	
comply with the pro-	al Partner Jill Cilmi, Authorized Pacific Senior Fund C appointment as registered agent a ovisions of all statutes relative to th with an accept the obligations of my ation Service Company M. Darme	GP LLC, its Gen nd agree to act in e proper and com	eral Parter this capacity. plete performa	I further agree to
Signature of Regis	ered Agent			
Lindsey M. Bar	onie, Assistant Vice President			
Filing Fee:	\$35.00			
Certified Copy	(optional): \$52.50			