## F1000004329

(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



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JUN 20 2017 S. YOUNG





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscqlobal.com

Date: June 14, 2017

Order#: 680941-019

Re: AYA HEALTHCARE SERVICES, INC.

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: Marissa Rather-lopez 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 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 CORPORATIONS

statement of cha	orovisions of sections 607,0502, 617,050 nge is submitted for a corporation orga r to change its registered office or regisa	nized under the laws of the State of _	DE
1. The name of t	he corporation: AYA HEALTHCARE SE	RVICES, INC.	
2. The principal	office address: 5930 Cornerstone Cour	t West, Suite 300, San Diego, CA 9.	2121
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/30/2010	Document number: F100000	004329
	I street address of the current registered timent of State: (If resigned, enter resign		ith the
	NRAI Services, Inc		
	1200 South Pine Island Road		7 7
	Plantation	FL 33324	
6. The name and (if changed):	l street address of the new registered age	ent (if changed) and /or registered of	fice
	Corporation Service Company		
	1201 Hays Street		<i>5</i> <b>5</b>
	PO Box NO Tallahassee	FL 32301	
	ess of its registered office and the street be identical. as authorized by resolution duly adopte the board, or the corporation has been no		
$\sum_{i}$		Jill Cilmi	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent at the appointment as registered agent at to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified	tutes relative to the proper and con accept the obligation of my position flect a change in the registered offic	iplete i as registered
By: Y\	on Service Company	06/14/2017	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	, Asst. Vice President		
	Sheer continues coming		

\* \* \* FILING FEE: \$35.00 \* \* \*