

F11000000554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

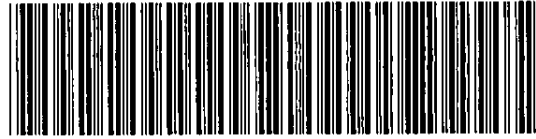
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 547431 5040683

AUTHORIZATION :

COST LIMIT : \$ 35.00

Robert Clement

ORDER DATE : February 26, 2013

ORDER TIME : 1:18 PM

ORDER NO. : 547431-076

CUSTOMER NO: 5040683

CHANGE OF AGENT

NAME: TRISTAR MANAGED CARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRISTAR MANAGED CARE, INC.
2. The principal office address: 100 Oceangate Suite 700, Long Beach, CA 90802

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/08/2011 Document number: F11000000554

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Incorp Services, Inc.
17888 67th Court North
Loxahatchee, FL 34470

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director: Deb Reeves
Printed or typed name and title: Deb Reeves, Vice President

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Grace Kirby
Signature of Registered Agent
Date: 02/21/2013

If signing on behalf of an entity:
Grace Kirby, Assistant Vice President
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)