F13000001827

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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TALLAHASSEE FLORID

APR 1 8 2015 T. CARTER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000)195
	REFERENCE	:	509476	7209367
	AUTHORIZATION	:_1	De Ca	
	COST LIMIT	: Q	\$ 35.00	Man
ORDER DATE : Fe	ebruary 19. 201	- . 5		
ORDER TIME :	"	_		
ORDER NO. : 50				
CUSTOMER NO:	/20936/			
	CHANGE OF A	GENT	<u> </u>	· ·
NAME:	SOVEREIGN HEAD	LTH	OF FLORID)A,
PLEASE RETURN TH	HE FOLLOWING AS	PRO	OOF OF FIL	ING:
CERTIFIE XX PLAIN ST				
VY LIMIN 21	AMPED COFT			
CONTACT PERSON:	Courtney Willi	iams	3	

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 statement of change is submitted for a corporation o in order to change its registered office or re	organized under the la	ws of the State of	Delawai		<u></u>
1. The name of the corporation: SOVEREIGN HEAL	TH OF FLORIDA, IN	C.			
2. The principal office address: 254 Chapman Road	l, Topkis Building, Sui	te 100, Newark, D	DE 1970:	2	
3. The mailing address (if different):					
4. Date of incorporation/qualification: 04/26/2013	Document	number: F13000	001827		
5. The name and street address of the current register. Florida Department of State: (If resigned, enter resigned).		ed office on file w	ith the		
NORTHWEST REGISTERED AGE	ENT, LLC				
3030 N. ROCKY POINT DR., STE	. 105A				
TAMPA	FL	33607		15	IA's
6. The name and street address of the new registered (if changed):	l agent (if changed) an	nd /or registered of	ffice	APR 10	ECRETAR LLAHASI
Corporation Service Company					4.338 40 A.
1201 Hays Street				10: 4	107.4
P.O. Box Tallahassee	P.O. Box NOT acceptable Tallahassee FL 32301				ATE
The street address of its registered office and the st as changed will be identical. Such change was authorized by resolution duly add authorized by the boatd, or the corporation has bee					ent,
authorized by the board, or the corporation has bee	en notifica in writing (Rishi Barkataki		Presi		
Signature of un officer or director		ed or typed name and to		dent	_
I hereby accept the appointment as registered ager I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notif Corporation Service Company By: Signature of Registered Agent	statutes relative to the md accept the obligation of the colling o	he proper and contion of my position he registered office change.	nplete n as regi ce addre	istered 88, I	
If signing on behalf of an entity:		67° 685° W			
Courtney Williams					
Asst. Wice Riesident	G FEE: \$35.00 * * *				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314