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REGISTERED AGENT CHANGE GH MANAGEMENT, INC.

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RECEIVER

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GH Management, Inc.

2. The principal office address: 3599 University Blvd. South, Jacksonville, FL 32216

3. The mailing address (if different):____

4. Date of incorporation/qualification: May 28, 1982 Document number: F83260

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)

Robert H. Pritchard

1301 Riverplace Blvd, Suite 1500

Jacksonville, FL 32207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Beverly A. Pascoe	A SS	2018	
1301 Riverplace Blvd, Suite 1500			-11
P.O. Box. NOT acceptable	S S	JUL JUL	
Jacksonville, FL 32207	ທ⊅ m≺	20	
The street address of its registered office and the street address of the business office of its re as changed will be identical.		i algent.	
Such change was authorized by resolution duly adopted by its board of directors or by an offi authorized by the board, or the corporation has been notified in writing of the change.	icer so	ະມ ເບ	

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Douglas M. Baer, President Printed or lyped name and title

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.

If signing on behalf of an entity:

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)

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