L02000016880

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
FLORIDA PALLIATIVE HOME CARE OF LAKE, MARION & SUMTE

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A. LUNT
AUG 31 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Palliative Home Care of Lake, Marion & Sumter Counties, L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly C. Tripp
Name of Person

CareSouth Homecare Professionals
Firm/Company

P.O. Box 200
Address

Augusta, GA 30903-0200
City/State and Zip Code

ktripp@caresouth.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kelly C. Truoo at (706) 854-7428
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Florida Palliative Home Care of Lake, Marion & Sumter Counties, LLC

2. (a) Principal office address of limited liability company: CareSouth Homecare Professionals

(*Note: MUST BE STREET ADDRESS*) One Tenth Street, Suite 500
Augusta, GA 30901-0103

(b) Mailing address of limited liability company: CareSouth Homecare Professionals

(*Note: MAY BE POST OFFICE BOX*) P.O. Box 200
Augusta, GA 30903-0200

3. Date of filing/registration in Florida: 07/03/2002

4. Document number: L02000016880

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: POE, MARY E

Registered Office Address: 3231 SW 34TH AVENUE
OCALA FL 34474 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: CT Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(*MUST BE FLORIDA STREET ADDRESS*)
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Rick W. Griffin, Manager
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael Seraphin Michael Seraphin Asst. Secretary
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

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TALLAHASSEE, FLORIDA

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