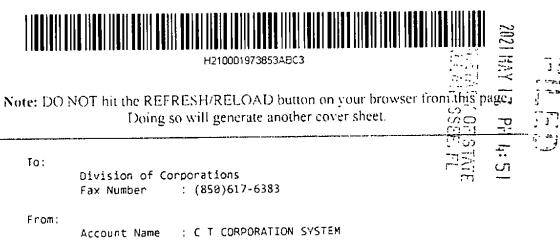
5/17/2021 Division of Corporations

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H21000197385 3)))



Account Number : FCA000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC

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$ilde{c}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

Torida.	Family Care F	Partne	rs of No	rtheast Florida, LLC
. Nam	ne of the limited liability company:			
!. (a) _		_ (b)	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6484 FORT CAROLINE ROAD		6520 FO	RT CAROLINE ROAD
-	JACKSONVILLE, FL 32277-2042	_	JACKSON	VILLE, FL 32277-2042
(06/12/2003		L0300002	1320
	Date of filing/registration in Florida CARRIERE, WILLIAM DR.	- 4.	-	Document number, St. 18
	Registered Agent and Registered Office shown on the records of t	gent and Registered Office shown on the records of the Florida Dept. of Stat		
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u> 6520 FORT CAROLINE ROAD	DDRESS	DDRESS)	
	JACKSONVILLE, FL_	32277-		· · · · · · · · · · · · · · · · · · ·
Ī	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:	Office ad	dress:	_
	1200 South Pine Island Road			_
	, ranzac. o	33324		
the char agent w was/wer whisiarais whisiarais	mited liability company is not organized under the law inge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	vs of the the regi ibility co of the lin limited	State of Flistered offic ompany, it inited liabili	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in apany.
-	Ressf a member or authorized representative of a member			Printed or typed name of signee
provisic the obli to mere	y accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I is writing of this change. C T Corporation System	ree to ac perform d for in hereby c	et in this cap nance of my Chapter 66 confirm that	occity. I further agree to comply with the eduties, and I am Jamiliar with and accepts, F.S. Or, if this document is being filed the limited liability company has been
-	e of Registered Agent			