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Account Number : 110432003053

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Phone Pax Number

: (561)694-1639

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LLC REGISTERED AGENT CHANGE ZONECARE USA OF DELRAY, LLC

RECLIVED 12 OCT 24 AM 6: 49 Secretary of State Allahassee florida

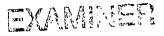
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B. KOHP

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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.

V							
1. Name of	f the limited liability company:ZONI	ECARE USA OF DELRAY, LLC					
2. (a) Prin	cipal office address of limited liability compar	y:					
(<u>N</u>	ote: MUST BE STREET ADDRESS)	841 PRUDENTIAL DR STE 900 Z JACKSONVILLE FL 32207 US					
(b) Mai	ling address of limited liability company:	841 PRUDENTIAL DR STE 900 5					
(<u>N</u>	ote: MAY BE POST OFFICE BOX)	JACKSONVILLE FL 32207 US OF					
	09/20/2011	L03 000029703 L1100010 7623_					
3. Date of	filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
Reg	gistered Agent:	MSC GROUP, INC.					
Reg	sistered Office Address:	841 PRUDENTIAL DRIVE SUITE 900 JACKSONVILLE FL 32207 US					
	er name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>W</u> Registered Agent:	Corporate Creations Network Inc.					
NE	W Registered Office Address:						
(1) [1	UST BE FLORIDA STREET ADDRESS)	11380 Prosperity Farms Road #221E Palm Beach Gardens .FL 33410					
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 of the horaning agreement of the limited liability company. Signature of amember or authorized representative of a manner Kriating Roy, as Autorney-in-Fact Printed a typed pame of signet I hereby a elept 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 if am familiar with and accept the obligations of my position as registered agent as provided for in Change of the confirm that the distributed liability company has been notified in writing of this change.							
Signature of Registere Agent							
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00						