Ma300050875

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400302715024

08/22/17--01014--010 ++25.00



COVER LETTER

TO: Registration Section Division of Corporations	. 74				
HEALTH EXCELLENCE LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
ERIKA LEDEZMA					
Name of Person					
WESTCHESTER GENERAL HOSPITAL					
Firm/Company					
2500 SW 75 AVE.					
Address					
MIAMI, FL 33155					
City/State and Zip Code					
ELEDEZMA@WESTCHESTERHOSPITAL.CC	DM				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please ca	all:				
ERIKA LEDEZMA at (267.3804				
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 (2/14)

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 Florida.

1. Na	ame of the limited liability company: HEALTH EX	CELLENCE LLC	
2. (a)	, , ,	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2500 SW 75TH AVE. MIAMI, FL 33155		W 75TH AVE. MIAMI, FL 33155
			<u> </u>
	12/08/2003	L030000	50875
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JOEL SNOOK		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:
	2500 SW 75TH AVE. MIAMI, FL 33155		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	2500 SW 75TH AVE.		
	MIAMI, FL	33155	AUG 22 SALTANASSA
			\$33 \\ \times \\
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	
	RAFAEL L. VALDES		7: 16 2: 1AT: 20:00
	NEW Registered Office Address:	<u></u>	- 57
	2500 SW 75TH AVE		_
	MIAMI , FI	33155	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered offic ability company, it of the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elverglect a change in the registered office address, I did writing of this change.	ree to act in this cap performance of my ed for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been