2/21/2020

Division of Corporations



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(((H20000058760 3)))



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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 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.

Na:	me of the limited liability company: Colonial Hospital	ity, LLC		
	730 S Atlantic Ave	(b)	Atlantic Ave	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(~)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 102	Suite	102	
	Ormond Beach, FL 32176	Ormo	nd Beach, FL 32176	
	12/09/2003	L03000051252		
	Date of filing/registration in Florida	4.	Document number	
	Alton L Lightsey			
. (a)	Registered Agent and Registered Office shown on the records of	of State:		
	Registered Office Address (MUST BE FLORIDA STREET 808 S Denning Ave	2020 FEB 21		
	Winter Park , F			
(b)	Alton L Lightsey Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	AMIL: 47	
	Lightsey & Associates, P.A.		<u></u>	
	NEW Registered Office Address:			
	2105 Park Avenue North	· 		
	Winter Park	L		
hange gent	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iability company of the limited li e limited liability	y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. ightsey, Authorized Representative	
	sture of a member or authorized representative of a member		Printed or typed name of signee	
rovis he ob o mei otifie	thy accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in thi e performance o led for in Chapte I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept for 605, F.S. Or, if this document is being filed that the limited liability company has been	

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