

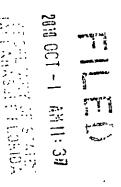
(Requestor's Name)				
(Address)				
	Address)				
	City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
	Business Entity Name)				
(Document Number)					
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Special Instructions to Filing Officer:					





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D. BRUCE OCT O 6 2018

COVER LETTER

Division of Corporations		
Halifax Health Services, LLC SUBJECT:		
	f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Dena L. Schwartz		
Name of Person	- 	
Halifax Health Services, LLC		
Firm/Company	-	
17855 North Dallas Parkway, Suite 200		_
Address		20 00 T
Dallas, Texas 75287		7
City/State and Zip Code		
dschwartz@accentcare.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, plea	ase call:	ジワ ヨ
Dena L. Schwartz	CST 972-201-3819	
Name of Person	Area Code & Daytime Telephone Nu	mber
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 amo	ount:	
2 \$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.

i. Na	me of the limited liability company: Halifax Health	Servi	ces, LL	.C			
2. (a)	Halifax Health Services, LLC	(h) Halifax Health Services, LLC					
()	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	- '	·/	Mailing address of limited lia	ailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	17855 North Dallas Parkway, Suite 200		1785	5 North Dallas Parkwa	y, Suite 200		
	Dallas, Texas 75287	-	Dalla	s, Texas 75287			
	06/22/2004		L0400	0046825			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Jason Burstein						
, ,	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of	State:			
	Jason Burstein				20 °		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2				
5500 Collins Avenue, Apartment 602					100 T		
	Miami Beach .FL	33140	-				
(b)	Corporation Service Company				三克 臺灣		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	tress:				
	Corporation Service Company				, a		
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee, FL_3	32301					
the char agent w was/wei	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the of organization or the operating agreement of the liable.	he regis pility co the lim imited l	tered of mpany, ited liab iability o	fice and the business office it is hereby confirmed that i ility company or as otherwi company.	of the registered the change(s) se provided in		
Signut	the of a member or authorized representative of a member	Dei	ia L. Si	chwartz - Secretary of I			
the oblit to mere notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered affice address. I he in-writing of this change.	for in C erehy co	ince of n hapter (infirm th	capacity. I further agree to ny duties, and I am Jamilian 105 F.S. Or if this docume	comply with the with and accept		
Signature	of Registered Agent Duricy Cook, Vice Par	دريم	+				