5/13/2016



Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Phone

Account Number : I20120000007

: (702)866-2500

Fax Number

: (702)866-2689

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

LLC REGISTERED AGENT CHANGE LHI HEALTHCARE, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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To: 8506176383

Page: 3/4

Date: 5/13/2016 2:27:00 PM H 100001190343

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT, LHI Healthcare, LLC	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this i	matter to the following:
Jackie DeFilippis	
Name of Person	
InCorp Services, Inc.	
Pirm/Company	
3773 Howard Hughes Pkwy · Suite 500s	
Address	
Las Vegas, NV 89169-8014	,
City/State and Zip Code	
Do cuments@Incorp.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, ple	ease call:
Jackie DeFilippis for InCorp Services, Inc.	at (800) 248-2677 Ext. 6749
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 an	nount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
NHS18 (2/14)	

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Date: 5/13/2016 2:27:00 PM

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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.

Principal office address of familial liability company: (Entitle MIST BE STREET ADDRESS) Hickory, NC 28801-8123 Hickory, NC 28803-2868 01/12/2005 Date of filling/registration in Florida A Decument number (a) JOHN F. GILROY, III. P.A. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1695 Metropolitan Circle, Suite 2 Registered Office Address MUST BE FLORIDA STREET ADDRESS Tallahassee Pf. 32308 (b) InCorp Services, Inc. Enter aemo of NEW Registered Access and/or NEW Registered Office address: 17888 67th Court North NEW Registered Office Address: Loxahatchee Pf. 33470 Loxahatchee Loxahatchee Ff. 33470 Loxahatchee Loxahatchee Ff. 3470 Loxahatchee Loxahatchee Loxahatchee Loxahatchee Pf. 3470 Changes are made, the Florida street address of the registered office and the business office of the register of will be identical. Or, in the case of a Provide limited liability company is it is bereby confirmed that the changed of the very futurorized by a particular provided and the limited liability company or as otherwise provided in artistics of organization or the operating a greenest of the limited liability company. The property of	(a)	328 First Ave NW	(b)	(b) PO BOX 2568		
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