

LD5000104199

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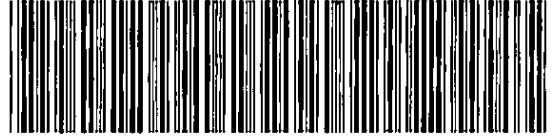
(Business Entity Name)

(Document Number)

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Date: 7/24/18

Name: KEN HOWELL

Reference #: C023206

Entity Name: LHC HEALTH CARE GROUP OF FLORIDA, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**ISSUES - CALL KEN @
 518-213-0738**

Authorized Amount: \$25.00

Signature: [Handwritten Signature]

U.S. CORPORATE HQ
 COGENCY GLOBAL INC
 10 E 40TH ST, 10TH FL
 NY, NY 10016
 800.221.0102
 +1.212.947.7200

EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENGLAND & WALES
 REGISTRY NUMBER 1403072
 6 BEVIS MARKS, 1ST FL
 LONDON EC3A 7BA
 +44 (0)20.3786.1090

ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED
 A HONG KONG LIMITED COMPANY
 INFINITUS PLAZA, 12TH FL
 199 DES VOEUX RD CENTRAL
 HONG KONG
 +852.3975.1803

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: LHC HEALTH CARE GROUP OF FLORIDA, LLC

2. (a) Principal office address of limited liability company: 901 Hugh Wallis Road South
(Note: **MUST BE STREET ADDRESS**)
Lafayette, LA 70508

(b) Mailing address of limited liability company: 901 Hugh Wallis Road South
(Note: **MAY BE POST OFFICE BOX**)
Lafayette, LA 70508

10/21/2005

L05000104199

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:

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: COGENCY GLOBAL INC.

NEW Registered Office Address: 115 North Calhoun St., Suite 4
(**MUST BE FLORIDA STREET ADDRESS**)
Tallahassee, FL 32301

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 or the operating agreement of the limited liability company.

/s/ Donald Stelly

Signature of a member or authorized representative of a member

Donald Stelly

Printed or typed name of signee

I hereby accept 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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent Tim Mayville, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00