## L06000086306

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Certified Copies	pies Certificates of Status		
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: <b>7/24/18</b>	Account#. 120000000088
Name: KEN HOWELL	
Reference #: <b>C023206</b>	
Entity Name: LIFELINE HOME HEALTH	CARE OF MARATHON, LLC
Articles of Incorporation/Authoriz	ation to Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	ISSUES - CALL KEN @ 518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25.0 Signature:	0

## 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: LIFELINE HOM	ME HEALTH CARE OF MARA	THON, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	901 Hugh Wallis Road South	
(Indic. Most bb simbs in backson)	Lafayette, LA 70508	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	901 Hugh Wallis Road South	
(Mile. WAT BETOST OFFICE BOX)	Lafayette, LA 70508	
8/31/2006	L06000086306	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of	State:
Registered Agent:	CORPORATION SERVICE O	COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	
NEW Registered Agent:	COGENCY GLOBAL INC.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., Suite 4	
MOOT BETEOMEN STREET ABOUTS	Tallahassee ,FI	32301
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  /s/ Donald Stelly	orida street address of the register	red office
Signature of a member or authorized representative of a member	American Marian	-p 11
Donald Stelly	27.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Printed or typed name of signee		ω ω
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pro and I am familiar with and accept the obligations of my po- Chapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. If urti Sper and complete performance of sition as registered agent as provi rely reflect a change in the registe whas been notified in writing of th	hePagree to f my duties, ided for in ered office uis change,
/s/ Tim Mayville		
Signature of Registered Agent Tim Mayville, Assistant Secreta		
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314	

FILING FEE: \$25.00