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## LLC REGISTERED AGENT CHANGE CARESOUTH HHA HOLDINGS OF TALLAHASSEE, LLC

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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 Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company:	HA HOLD	ings of tallahassee, llc	
2. (a)	20452 Central Avenue West	. (р)	PO BOX 200	
	Principal office address of timited liability company:	(-)	Mailing address of limited liability comp	
	(Note: MUST BE STREET ADDRESS)  Blountstown, FL 32424		(Note: MAY BE POST OFFICE BO)	
	Block is own, 1 B 32-12-7		AUGUSTA, GA 30903-0200	
	02/02/2007		07000012337	
3.	Date of filing/registration in Florida	4,	Document number	,
5. (a)	REGISTERED AGENT SOLUTIONS, INC.			,
(- <i>)</i>	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE, SUITE A			
	Registered Office Address (MUST BE FLORIDA STREET)	SECRI ALLA		
•	TALLAHASSEE , FL	32301	NOV 23	FI
(b)	C T Corporation System		新名 第10 112 編	1.7
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	OF STATE	
	NEW Registered Office Address:	<u></u>		
	1200 South Pine Island Road		·	:
	Plantation, FL	33324		
he changent was we he arti- Signal I heretorovisite o mere	mited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law ure of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper and complete pations of my position as registered office address. I have the proper and complete pations of my position as registered of the proper and complete pations of my position as registered of the proper and complete pations of my position as registered of the proper and complete pations.	the register bility comp f the limited limited liab Emile to act in performance for in Chaereby confi	red office and the business office of the regonny, it is hereby confirmed that the changed liability company or as otherwise provide ility company.  Printed or typed name of signee	istered e(s) ed in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

## POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT HealthSouth Home Health Holdings, Inc. ("HealthSouth"), a corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Jennifer Kurtz, Melissa Nolan, Emily Lieberman and Nathan Giffin, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the corporation to act for the corporation and in the corporation's name for the limited purposes authorized herein.

The corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Jennifer Kurtz, Melissa Nolan, Emily Lieberman and Nathan Giffin shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this October 57,2015

HealthSouth Home Health Holdings, Inc.			
A Delaware Corporation	Z SE	15	
By: Or P. Whittington	CRETA	AON.	77
Title: Vice President	SSEE SSEE	23	
State of Alabama		2	Ö
County of Jefferson	多其	Çρ	
	크림	ĊΠ	

on M. 5.205, before me, the undersigned, a Notary Public in and for said State, personally appeared The P. Whith the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

n B. Corice , Notary Public

Commission - 0477194: 11-57 2016

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## **EXHIBIT A**

CareSouth Health System, Inc. CareSouth HHA Holdings, LLC CS Health & Wellness CareSouth Private Duty Holdings, LLC CareSouth Hospice, LLC CareSouth Private Duty of Georgia, LLC CareSouth Private Duty of South Carolina, LLC CareSouth HHA Holdings of Dothan, LLC CareSouth HHA Holdings of Valley, LLC CareSouth HHA Holdings of Washington, LLC CareSouth HHA Holdings of Gainesville, LLC CareSouth HHA Holdings of Columbus, LLC CareSouth HHA Holdings of Middle Georgia, LLC CareSouth HHA Holdings of Richmond, LLC CareSouth HHA Holdings of Lexington, LLC CareSouth HHA Holdings of Winchester, LLC CareSouth HHA Holdings of South Carolina, LLC CareSouth HHA Holdings of Panama City, LLC CareSouth HHA Holdings of Tallahassee, LLC CareSouth HHA Holdings of Virginia, LLC CareSouth HHA Holdings of Western Carolina, LLC CareSouth HHA Holdings of the Bay Area, LLC CareSouth HHA Holdings of the Treasure Coast, LLC CareSouth HHA Holdings of North Florida, LLC CareServices of the Treasure Coast, LLC CareServices of Bethesda, LLC CareSouth HHA Holdings of Greensboro, LLC

SECRETARY OF STATE ALLAMASSEE, FLORIDA