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

Account#: I20000000088 7/24/18 Date:____ **KEN HOWELL** Name:___ C023206 Reference #:_____ Entity Name: MUNROE REGIONAL HOMECARE, LLC Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement **ISSUES - CALL KEN @** Conversion 518-213-0738 Merger Dissolution/Withdrawal ☐ Fictitous Name Other _____ Authorized Amount: _ Signature: ___

+1.212.947.7200

(P)EUROPEAN HQ

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: MUNROE RE	EGIONAL HOMECARE, LL	C		
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	iny: 901 Hugh Wallis Road Sou	th		
(Note: WIOST DE STREET ADDRESS)	Lafayette, LA 70508			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	901 Hugh Wallis Road South			
(Note: MAT BE LOST OFFICE BOX)	Lafayette, LA 70508			
2/7/2007	L07000014408			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of Sta	ite:	
Registered Agent:	CORPORATION SE	CORPORATION SERVICE COMPANY		
Registered Office Address:				
registered office reduces.	1201 HAYS STREET			
	TALLAHASSEE, FL 3230	1-2525		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	COGENCY GLOBAL INC. 115 North Calhoun St., Suite 4			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)				
(MUSI BE FLORIDA STREET ADDRESS)	Tallahassee	,FL_32	301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the entical. Or, in the case of a e(s) was/were authorized by wise provided in the article	ie registered (Florida limit	office led	
/s/ Donald Stelly		5. m 5	,	
Signature of a member or authorized representative of a member			, ,	
Donald Stelly	_ _		; <u>†</u> '	
Printed or typed name of signee		, N	`	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capace proper and complete perfol position as registered agen merely reflect a change in t any has been notified in wr	ity. I further rmance of my it as provided he registered iting of this c	agree to duties, for in loffice hange	
/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