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Division of Corporations

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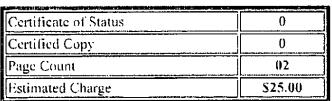
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## LLC REGISTERED AGENT CHANGE MUNROE REGIONAL HOMECARE, LLC





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S. ROBERTS

NOV 1 7 2023

To: Page: 3 of 3 2023-11-16 08:37:24 PST 19548277645 From: Keity Toon

## 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.

l. Na	ame of the limited liability company: MUNROE REGI	ONAL HOMECAI	RE, LLC	
. (a)	No change	(h) No change		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	02/07/2007	L.070000		
-	Date of filing/registration in Florida	4.	Document number	
. (a)				
	Registered Agent and Registered Office shown on the records of			
	Registered Office Address (MUST BE FLORIDA STREET)	2622.		
	Registered Office Address (MUST BE FLORIDA STREET) STE 4	•		
	TALLAHASSEE	13201	<del></del> · <del>-</del> ,	
(b) <u>.</u>	TALLAHASSEE , FI.	·		
	C T Corporation System	<del></del> ~		
	Enter name of NEW Registered Agent and/or NEW Registered	27		
	1200 South Pine Island Road			
	NEW Registered Office Address:		······	
	Plantation	33324		
ie cha gent v /as-we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the State of the registered of ability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) filty company or as otherwise provided in	
Kara F	Korosec, Secretary	/s/ Kara Koro	sec	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
rovisi he ohl o mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I If in writing of this change. CT Corporation System	neriormance of t	my duties, and I am familiar with and accep	
<u> </u>	/s/ Michele Holden, Asst Sect re of Registered Agent			