

**L6700012553**  
Florida Department of State  
Division of Corporations  
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**LLC REGISTERED AGENT CHANGE  
AUTOMATED HEALTHCARE SOLUTIONS 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 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. Automated Healthcare Solutions, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2901 SW 149 Ave. Ste 400  
Miramar FL 33027  
12/19/07

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
L07000125553

3. Date of filing/registration in Florida 4. Document number

5. (a) CT Corpatoion System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road, Plantation FL 33324

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

, FL

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

Matza, Rochelle S.

NEW Registered Office Address:

2901 SW 149 Avenue Ste 400

Miramar, FL 33027

FILED  
16 SEP - 9 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Tammy Tofteroo

Signature of a member or authorized representative of a member

Tammy Tofteroo

Printed or typed name of signer

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.

By: Rochelle S. Matza  
Signature of Registered Agent

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

INHS18 (2/14)