

LO8000108309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

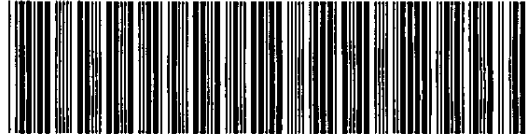
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 DEC 30 PM 4: 09
FALL RIVER, MASSACHUSETTS

DEC 31 2015
J. HARRIS



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: December 24, 2015

Order#: 922383/112

Re: TANDEM HEALTH CARE OF NEW PORT RICHEY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: TANDEM HEALTH CARE OF NEW PORT RICHEY, LLC

2. (a) <u>3820 Mansell Road</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>Suite 280</u> <u>Alpharetta, GA 30022</u>	(b) <u>3820 Mansell Road</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>Suite 280</u> <u>Alpharetta, GA 30022</u>
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3. <u>11/19/2008</u> Date of filing/registration in Florida	4. <u>L08000108309</u> Document number
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5. (a) C T Corporation System
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

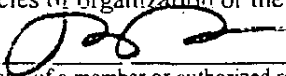
(b) Corporation Service Company
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street
NEW Registered Office Address:

Tallahassee, FL 32301

2015 DEC 30 PM 4:09
 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.

 _____ Signature of a member or authorized representative of a member	Dona Priebe, Authorized Person _____ Printed or typed name of signee
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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.



 Signature of Registered Agent

By: Elizabeth A. Dawson, Asst. Vice President
 Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00