## L08000108311

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(Address)							
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Special Instructions to Filing Officer:							
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DEC 3 1 2015 J. HARRIS



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#: 922383/099

Re: TANDEM HEALTH CARE OF JACKSONVILLE, 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.

2. (a)	3820 Mansell Road	Λ	b)	3820 Mansell Roa	d	
( <del>-</del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	('	,	Mailing addre	ss of limited liability company:  Y BE POST OFFICE BOX)	
	Suite 280	_	_	Suite 280		
	Alpharetta, GA 30022	<del></del>	-	Alpharetta, GA 3002	22	
	11/19/2008			L08000108311		
3.	Date of filing/registration in Florida	4.		Document	number	
5. (a)	C T Corporation System					
()	Registered Agent and Registered Office shown on the records of	the Florid	a I	Dept. of State:		
	1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>S)</u>		AC BE	
	Plantation ,FL	33324	4		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(b)	Corporation Service Company	. <u>.</u>				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dr	ess:		
	1201 Hays Street					
	NEW Registered Office Address:					
	Tallahassee FI.	32301				
the cha agent v was/wa	imited 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 lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	vs of the the reginability con f the lim	ste	ered office and the bu ipany, it is hereby con ed liability company	siness office of the registered infirmed that the change(s)	
	()06	Dor	na	Priebe, Authorized Person		
_	of a member or authorized representative of a member			·	ped name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  Corporation Service Company	nertarm.	an	ice of my duties, and	l am tamiliar with and accen	

By: Elizabeth A. Dawson, Asst. Vice President

Signature of Registered Agent