L08000108770

(Re	questor's Name)	
· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(33	omous Emay Han	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,

Office Use Only



800256965948

02/25/14--01013--025 **25.00

FILED 2014 FEB 25 PH 12: 1 SECRE MARY OF STATE

FEB 2 6 2013 T. HAMPTON



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 llockar2@cscinfo.com

Date: February 21, 2014

Order#: 014216/082

Re: SEBASTIAN HOSPITAL, 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, 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: SEBASTIAN	HOSPITAL, LLC	
2. (a) Principal office address of limited liability comp	oany: 13695 US HIGHWAY 1	
(Note: MUST BE STREET ADDRESS)	SEBASTIAN	FL 32958
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5811 PELICAN BAY BO SUITE 500, ATTN: LEG NAPLES, FL 34108	
11/24/2008	L08000108770	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Floric	la Dept. of State:
Registered Agent:	C T CORPORATION SYSTEM	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD	
·	PLANTATION	FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW Registered Agent</u> :	CORPORATION SERV	
NEW Registered Agent:		ICE COMPANY
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 HAYS STREET	
	TALLAHASSEE	FL 32301
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability 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 or as other limited liability or limited liability company or as other limited liability or liability or limited liabilit	e Florida street address of the floridal. Or, in the case of e(s) was/were authorized between provided in the articles.	the registered office
Dona Priebe, Authorized Person		
Printed or typed name of signee I hereby accept the appointment as registered agent ar 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. Thereby confirm that the limited liability comp	nd agree to act in this capa e proper and complete perfo position as registered age merely reflect a change in	city. I further agree to ormance of my duties, ont as provided for in the registered office.