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B. BOSTICK

FEB 262014



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#: 014216/042

Re: NORTH PORT HMA, 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.

I. Na	me of the limited liability company: NORTH PORT F	IMA, LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 5811 PELICAN BAY BOULEVARD		
	(NOIE. MOST BE STREET ADDRESS)	NAPLES	FL 34108	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5811 PELICAN BAY BOU SUITE 500, ATTN: LEGA NAPLES, FL 34108		
11/24/	2008	L08000108808		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida	•	
	Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		
		PLANTATION	FL 33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office add		
NEW Registered Office Address:		1201 HAYS STREET		
	(MUST BE FLORIDA STREET ADDRESS)	TALLAHASSEE	,FL 32301	
confirmand the liability the method the open confirmation of the open c	imited liability company is not organized under the land that after the change or changes are made, the Flebusiness office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	aws of the State of Florid orida street address of the cal. Or, in the case of a l was/were authorized by a e provided in the articles	e registered office Florida limited an affirmative vote of of organization or	
Dona F	Priebe, Authorized Person		The same of the sa	
Printed	or typed name of signee	-	100 N	
By:	by accept the appointment as registered agent and as with the provisions of all statutes relative to the provim familiar with and accept the obligations of my poser 605, F.S. Or, if this document is being filed to men is thereby confirm that the limited liability company of Registered Agent Corporation Service Company	gree to act in this capacit per and complete perfori ition as registered agent ely reflect a change in th has been notified in writ Grace E. Kirby, Asst. Vi	y. I further agree to mance of my duties, as provided for in the registered office ing of this change.	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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