

LD9000051781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

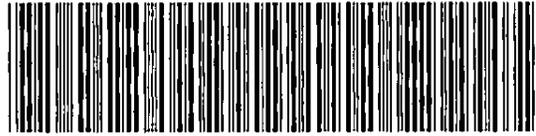
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300322148653

19 DEC 18 11 7: 57

18 DEC 18 AM 15: 45

RECEIVED
12/18/18 9:07 AM

© SIMMONS
DEC 19 2018



115 N CALHOUN ST., STE. 4
 TALLAHASSEE, FL 32301
 P: 866.625.0838
 F: 866.625.0839
 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/17/2018

Name: MICHAEL PETERSON

Reference #: 1027094

Entity Name: HALCYON HOSPICE OF AIKEN, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25

Signature: *Michael Peterson*

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: HALCYON HOSPICE OF AIKEN, LLC

2. (a) Principal office address of limited liability company: 901 HUGH WALLIS RD. SOUTH
(Note: MUST BE STREET ADDRESS)

LAFAYETTE, LA 70508

(b) Mailing address of limited liability company: 901 HUGH WALLIS RD. SOUTH
(Note: MAY BE POST OFFICE BOX)

LAFAYETTE, LA 70508

May 21, 2009

3. Date of filing/registration in Florida

L09000051781

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 HAYS STREET

TALLAHASSEE, FL 32301

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

NEW Registered Agent: COGENCY GLOBAL INC.

NEW Registered Office Address: 115 North Calhoun St., Suite 4

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL, 32301

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

Daniel Stally
Printed or typed name of signee

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 Tim Mayville, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00