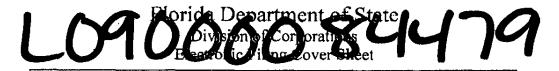
Division of Corporations



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(((H16000044728 3)))



H160000447283ABC%

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Fax Number : (850)878-5368

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LLC REGISTERED AGENT CHANGE AEGIR HEALTH SERVICES LLC

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COVER LETTER

TO: Registration Section Division of Corporations	^ .
AEGIR HEALTH SERVICES LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Name of Person	
Firm/Company	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	
, ·	
at (Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount	t:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS38 (2/14)	

2/22/2016 12:04:58 PM From: To: 8506176383(3/3)

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.

(a)		(b)_					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing a	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	09/01/2009	<u>L0</u>	9000084479				_
	Date of filing/registration in Florida	4,		ent number			
(a)	Registered Agent and Registered Office shown on the records o		····				
		f the Florida De	pt. of State:				
	SPECTOR GADON & ROSEN LLP	·	<u>-</u>	≥ €0	3		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			Ξ	11 11 11	
	1665 PALM BEACH LAKES BLVD, SUITE 102		<u> </u>	HE AND	20	4 :2000;2003	
	WEST PALM BEACH , F	L 33401		, and	2 A		
b) .	C T Corporation System			OF STATE	AM 9: 3	O	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	<u>ss</u> :	Ö(†i	34		
	NEW Registered Office Address:	 	 _				
	1200 South Pine Island Road						
	Plantation, F	1, ³³³²⁴					
cha: it w /we	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members	aws of the Sta of the register liability comp of the limite	ate of Florida, it ed office and the eany, it is hereby d liability compa	e business office confirmed that any or as other	ce of t it the a	the regis change(s	ste s)
	cles of organization or the operating agreement of the Tammy Tofteroo						
	ure of a member or authorized representative of a member		y Tofteroo Printed	or typed name of s	signee		
2	by accept the appointment as registered agent and agens of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, l	gree to act in e performanc ed for in Cha I hereby conf	this capacity. I se of my duties, o pter 605, F.S. (irm that the limi	further agree t and I am famili Or, if this docusted liability con	o con ar wil ment i mpan	iply with th and a is being y has be	h co