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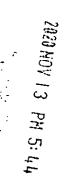
(Requestor's Name)					
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	SHANDS LAKE SHORE COMMUNI	TY HEALTH L	LC
2013		of Limited Lia	bility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the fo	ollowing:
KARI	A. VALENTINE		
	Name of Person		-
UF HE	EALTH SHANDS LEGAL SERVICES		
	Firm/Company		_
201 S.	E. 2ND AVENUE. SUITE 209		
•	Address		_
GAIN	ESVILLE. FL 32601		
	City/State and Zip Code		_
kaas00	001@shands.ufl.edu		
Ī	E-mail address: (to be used for future annua	nl report notific	ration)
For fu	rther information concerning this matter, pl	lease call:	
KARI	A. VALENTINE	352 _ at (627-9045
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following as	mount:	
	■ \$25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy
INHST	8 (2/14)		

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.

1. N	ame of the limited liability company: SHANDS LAKE	E SHORE COMM	UNITY HEALTH LLC			
2 (a)		(b)	· · · · · · · · · · · · · · · · · · ·			
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	company: EBOX)			
	201 S. E. 2ND AVENUE, SUITE 209	P. O.	P. O. BOX 100303			
	GAINESVILLE, FL 32601	GAINESVILLE, FL 32610				
	06/14/2010	1.1000	0063425			
3.	Date of filing/registration in Florida	4.	Document number	r	·	
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. o	f State:	-	2	
	BERNABE ICAZA	-	-	 n7fi	2 2 2	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	201 S. E. 2ND AVENUE, SUITE 209	<u> </u>	<u> </u>	7920 NOV 1-3	5	
	GAINESVILLE	32601	<u> </u>		g 11.	
	, , , , , , , , , , , , , , , , , , , ,	L		- د	л ⁵	
(b)				1	-	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:				
	KARI A. VALENTINE					
	NEW Registered Office Address:					
			· · ·			
	, FI	L				
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- cere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered offic iability company of the limited lia	e and the business office t, it is hereby confirmed ability company or as ot	ce of the re that the cl	gistered hange(s)	
	Z jAMM.	EDWARD	JIMENEZ, CEO of Shand	_	Hospital and	
	ature of a member or authorized representative of a member		Printed or typed name	-		
provis the ob to m a r	by accept the appointment as registered agent and age sions of all statues relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, f ad in writing of this change.	ree to act in this performance of ed for in Chapter hereby confirm	capacity. I further agr. my duties, and I am far 605, F.S. Or, if this de that the limited liability	ee to comp miliar with ocument is company	oly with the and accept being filed has been	
Signat	ure of Registered Agent					