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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@incorp.com

**LLC REGISTERED AGENT CHANGE
CM HEALTHCARE HOLDINGS I, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

16 MAY 13 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J SHIVERS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CM Healthcare Holdings I, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Shin

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy - Suite 500S

Address

Las Vegas, NV 89169-8014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Shin on behalf of InCorp Services, Inc. at (800) 248-2677
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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. Name of the limited liability company: CM Healthcare Holdings I, LLC

2. (a) 328 First Avenue NW (b) P.O. Box 2568
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Hickory, NC 28601-8123

Hickory, NC 28603-2568

12/01/2010

L10000123442

3. Date of filing/registration in Florida 4. Document number

5. (a) JOHN F. GILROY III PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1695 Metropolitan Circle, Ste 2

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32308

(b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

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

Charles E. Trefzger, Jr.

Printed or typed name of signer

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

Kathy Shin on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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