

L11000143309

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19542880845 From: Ranae McGraw

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
ACCOUNTABLE CARE COALITION OF NORTHWEST FLORIDA, LLC

Certificate of Status	0
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S. WARREN

AUG 21 2017

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TALLAHASSEE, FLORIDA

# 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: AccountableCareCoalitionofNorthwestFlorida,LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
4888LoopCentralDrive,Suite300  
Houston,TX77081  
12/22/2011

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
4888LoopCentralDrive,Suite300  
Houston,TX77081  
LI1000143309

3. Date of filing/registration in Florida  
CorporationServiceCompany

4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201HaysStreet  
Tallahassee, FL 32301

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

NEW Registered Office Address:  
1200SouthPinelIslandRoad  
Plantation, FL 33324

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STATE DEPT. OF REVENUE

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.

Shaelin Aldao-Carrillo  
Signature of a member or authorized representative of a member

ShaelinAldao-Carrillo  
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.

By: Michelle Holden  
Signature of Registered Agent

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

INHS18 (2/14)