

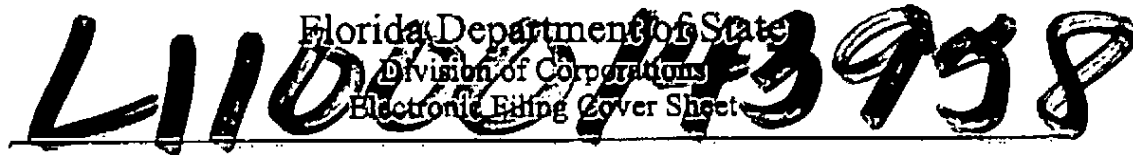
08/26/2019 15:52

(FAX)

P.001/003

8/26/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : URS AGENTS LLC
Account Number : 128150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: tony.murr@lucketting.com

REGISTERED AGENT CHANGE
HCINDO 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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AUG 27 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCINDO 1, 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:

Tony Murr

Name of Person

HCINDO 1, LLC

Firm/Company

2000 WARRINGTON WAY, STE. 163

Address

LOUISVILLE, KY 40222

City/State and Zip Code

tony.murr@lucetinc.com

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

For further information concerning this matter, please call.

Kathy Clark

at (800) 277-9977

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

FNHS18 (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: HCINDO 1, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2500 SOUTH MAIN STREET
SPRINGFIELD, TN 37172
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2500 SOUTH MAIN STREET
SPRINGFIELD, TN 37172
3. 12/22/2011
Date of filing/registration in Florida
4. L11000143958
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
FALK, JACK AJR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
550 BILTMORE WAY, STE. B10
CORAL GABLES, FL 33134
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
URS AGENTS, LLC
NEW Registered Office Address:
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312

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]
Signature of a member or authorized representative of a member

[Signature]
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]
Signature of Registered Agent

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

INH818 (2/14)

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