11/615

(Requestor's Name)								
(Address)								
(Address)								
,								
(City/State/Zip/Phone #)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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Special Instructions to Filing Officer:								

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 21, 2020

Order#: 345704/059

Re: PALM ACCOUNTABLE CARE ORGANIZATION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX _ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office

INCA.XCOA

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. Na	ame of the limited liability company:	JNTA	BL	CARE	ORGANIZAT	ION, LLC	i		
2. (a)	800 MEADOWS ROAD	<u>-</u>	(b) 800 MEADOWS ROAD						
£. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	BOCA RATON, FL 33486	_	-	BOCA RATON, FL 33486					
	08/29/2012		L	12000111	615				
3.	Date of filing/registration in Florida	4.			Document num	ber			
5. (a)	FRIEDMAN, DAVID R, ESQ								
J. (a)	Registered Agent and Registered Office shown on the records of	Pept. of State	- 21						
	6855 RED ROAD SUITE 600								
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRI	ESS)		-				
(b)	CORAL GABLES	3314	3		-				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			'ess':	-	350 A T	2020		
	Corporation Service Company				A 5	1020 JUL 23	15.20		
	NEW Registered Office Address:	_				AS SAT	ည	i ATTEN	
	1201 Hays Street				_		P	; [] 	
	Tallahassee, FL	3230	1		E FL	PM 6: 14	ن		
change agent v was/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lice ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the	ered com limit	office and pany, it is ed liability	d the business o s hereby confirm y company or as	ffice of the ned that the	regist chan	ered ge(s)	
	Su E Comi	J	ill Ci	lmi, Autho	rized Person				
Signa	ture of a member or authorized representative of a member	_			Printed or typed r	name of signe	e		
provisi the obi to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is do writing of this change.	ree to a perfor d for i hereby	act ii man n Ch con	n this capa ace of my a apter 605 firm that t	acitv. I further l luties, and I am , F.S. Or, if thi the limited liabi	agree to co familiar w s document lity compa	mply v ith and t is bei ny has	with the d accept ng filed been	
	unce of Registered Agent								

Grace E. Kirby, Asst. Vice President of Corporation Service Company