

L12000144729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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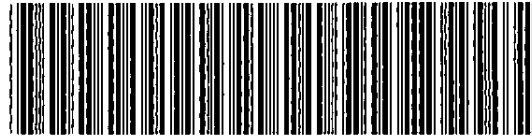
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Account#: I20000000088

Date: 03/02/2017

Name: Marisa Kugelmann

Reference #: C018401

ENTITY NAME: BAYFRONT HMA HOME HEALTH, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☒ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

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TALLAHASSEE, FLORIDA

Authorized Amount: \$25.00

Signature: 

Account#: I20000000088

Date: 03/02/2017

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TALLAHASSEE, FLORIDA

Authorized Amount: _____

Signature: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: BAYFRONT HMA HOME HEALTH, LLC

2. (a) Principal office address of limited liability company: 4000 MERIDIAN BOULEVARD
(Note: **MUST BE STREET ADDRESS**)

FRANKLIN, TN 37067

(b) Mailing address of limited liability company: 4000 Meridian Boulevard
(Note: **MAY BE POST OFFICE BOX**)

Franklin, TN 37067

November 15, 2012

L12000144729

3. Date of filing registration in Florida

4. Document number

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

NEW Registered Agent:

National Corporate Research, Ltd., Inc.

NEW Registered Office Address:

115 North Calhoun St., Suite 4

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

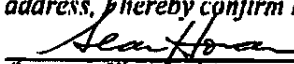
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

MARTIN G. SCHWEINHART

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

Sean Honan, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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