10/5/22, 9:17 AM

To:

Division of Corporations



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	To:	SECRETARY OF STATE			
† 10 :	From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996			
OC1 -5 AM 10.	anı	the email address for this businual report mailings. Enter onl	y one email addres	used for future s please.**	
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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.

I. N	ame of the limited liability company: PROSPIRA FLOR	IDA LLC		
2. (a)		(b)		
(,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		
	2300 Holcomb Bridge Rd Ste 103 ROSWELL, GA 30076	2300	Holcomb Bridge Rd Ste 103	
		ROS	WELL, GA 30076	
	12/12/2012	L1200	00155233	
3.	Date of filing/registration in Florida	4.	Document number	
& /				
5. (a)	Registered Agent and Registered Office shown on the records of the CORPORATION SERVICE COMPANY	ne Florida Dept. o	of State:	
	Registered Office Address (MUST BE FLORIDA STREET AD 1201 HAYS ST	DDRESS)		
	TALLAHASSEE ,FL 3	32301		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> C T Corporation System	FILED 2022 OCT -5 MHII: SECRETARY OF STA		
	NEW Registered Office Address:		ATE	
	1200 South Pine Island Road	<u> </u>		
	Plantation, FL	33324		
the ch agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the registered bility compan Tthe limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in	
	/s/ NEIL KUNKEL	NEIL KUN	RKEL, CHIEF LEGAL OFFICER	
-	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	thy accept the appointment as registered agent and agre- sions of all statutes relative to the proper and complete p digations of my position as registered agent as provided tely reflect a change in the registered office address. I had in writing of this change.	ee to act in thi performance of for in Chapte ereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed i that the limited liability company has been	
By:		Joe Davis	s, Asst. Secretary	
	ure of Registered Agent			