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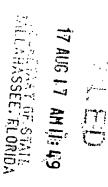
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Special Instructions to	Filing Officer:				
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Office Use Only



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AUG 1 8 2017

Y SULKER



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 15, 2017

Order#: 760090/070

Re: ST. VINCENT'S 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:Ami Casper 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.	Name of the limited liability company: ST. VINCENT'S ACCOUNTABLE CARE ORGANIZATION, LLC					
2.	(a)	1 Shircliff Way		(b)	1 Shirc	liff Way, Suite 1114
	(**)	Principal office address of limited liz (Note: MUST BE STREET A		_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Jacksonville	FL 32204		Jacksonv	ille, FL 32204
		05/17/2013			L1300007	3296
3.		Date of filing/registration in	i Florida	4.		Document number
5.	(a)	J. Hugh Middlebrooks				
		Registered Agent and Registered Office show	wn on the records of th	e Florida I	Dept. of State	:
		1 Shircliff Way, Suite 1114				
		Registered Office Address (MUST BE F	LORIDA STREET AL	DDRESS)		
		Jacksonville	, FL_	32204		ACAR ACAR
	(b)	Corporation Service Company				ASS. 62
	(-)	Enter name of NEW Registered Agent and/	or <u>NEW Registered C</u>	Office add	ress:	
		1201 Hays Street				P S IN COR
		NEW Registered Office Address:				<i>D</i> _A
		Tallahassee	, FL	32301		
the ag	e cha ent w is/we	nge or changes are made, the Florida vill be identical. Or, in the case of a line authorized by an affirmative vote des of organization or the operating	street address of the football street address of the first street address of the members of	he regist pility con the limit	ered office npany, it is ed liability	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	Signal	urd of a member or authorized representative	of a member	Jill Ci	lmi, Author	rized Person Printed or typed name of signee
I pr the to no	her el ovisi e obli mere tified	ov accept the appointment as register	red agent and agre per and complete p agent as provided office address, I he	performa for in Ci preby coi	nce of my a hapter 605, ifirm that t	perinted of typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been per, Asst. Vice President

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_		05/17/2013		, -	L1300007	·····
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5.	(a)	J. Hugh Middlebrooks				
		Registered Agent and Registered Office show	n on the records of th	ie Florida I	Dept. of State	:
		1 Shircliff Way, Suite 1114	· · · · · · · · · · · · · · · · · · ·		 	
		Registered Office Address (MUST BE FI	LORIDA STREET AL	DDRESS)		
		Jacksonville	, FL_	32204		7
	(b)	Corporation Service Company				第6 6 44
	(0)	Enter name of NEW Registered Agent and/o	or NEW Registered C	Office addi	ess:	SSE II
		1201 Hays Street				
		NEW Registered Office Address:				4.69
		Tallahassee	EI	32301		
		Tallallassee	, FL_	32301		
the age wa	cha: ent w s/we	nge or changes are made, the Florida rill be identical. Or, in the case of a F	street address of t Florida limited liat of the members of	he regist pility con the limit	ered office npany, it is ed liability	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
		Xel E. C'Que		Jill Ci	lmi, Author	rized Person
I h pro the to i not	er el ovisio obli mere tified	ure of a member or authorized representative of accept the appointment as registered on sof all statutes relative to the properties of my position as registered of the properties of the properties of the registered of the writing of this change.	ed agent and agre er and complete p agent as provided iffice address, I he	performat for in Cl ereby coi	nce of my d hapter 605 hirm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been sper, Asst. Vice President