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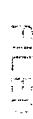
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: December 13, 2013

Order#: 917550/023

Re: SUNRISE HEALTH PLANS, 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:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 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 608.416 or 608.508, 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.

Registered Agent: Registered Agent: Registered Office Address: Begistered Office Address: NEW Registered Agent: NEW Registered Office Address: Corporation Service Company Tallahassee FL 32301 Tallahassee FL 32301 Tallahassee FL 32301 To the limited liability company is not organized under the laws of the State of Florida, it is hereby and the business office of the registered agent will be identical. Or, in the case of a Florida limited inability 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. Doan Rodgers, CAO add authorized representative of member 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 standars relative to the proper and complete performance of mydefulies, and a manifer with and accept the obligations of my position as registered agent as provided for in Ingiter to S. Or, if this document is being filed to merely reflect a change in the registered office address, for the solution of the standard of the investment of the standard of the stan	1. N	lame of the limited liability company: SUNRISE HEALT	TH PLANS, LLC	
(Note: MAY BE POST OFFICE BOX) 1.13000112635 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: Registered Office Address: Registered Office Address: Suite 5 Plantation, FL 33313 NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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, rise hereby confirmed that the change(s) was/were authorized by an affirmative vote on the operating agreement of the limited liability company or as otherwise provided in the articles of organization or he operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 significant of member 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 significant to member printed of 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 significant to member printed of 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 significant to member printed of typed name of signee I hereby accept the appointment as registered agent and agent as provided for inchapter of Registered Agent as provided for the complete performance o	2. (a		Suite 5	
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Registered Office Address: Suite 5 Plantation, FL 33313 To a suite 5		Registered Agent:	Joseph Safina	T 57 "Y
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Tallahassee Tallahassee Tallahassee Tell 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, this 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 member Thereby 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 objections of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filled 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. By: Signature of Registered Agent Corporation Service Company Grace E. Kirby, Asst. Vice President		Registered Office Address:	.,	- 1
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			* *	

FILING FEE: \$25.00