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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: Lindsey Lockard llockar2@cscinfo.com

Date: February 21, 2014

Order#: 014216/036

Re: MUNROE HMA INVESTMENTS, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Lindsey Lockard

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 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: MUNROE HMA INVESTMENTS, LLC			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5811 PELICAN BAY BOULEVARD SUITE 500	
			NAPLES FL 34108	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
09/10/2013			L13000127856	
3.	Dat	e of filing/registration in Florida	Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
		Registered Agent:	C T CORPORATION SYSTEM	
		Registered Office Address:	1200 SOUTH PINE ISLAND BOAD	
			PLANTATION >FL 33324	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address	
		NEW Registered Agent:	CORPORATION SERVICE COMPANY	
		NEW Registered Office Address:	1201 HAYS STREET	
		(MUST BE FLORIDA STREET ADDRESS)	TALLAHASSEE ,FL 32301	
and lia the the	nfirr d the bilit e me	imited liability company is not organized under the laned that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the registered office	
Do	na F	Priebe, Authorized Person		
		or typed name of signee	•	
Ch and add B		by accept the appointment as registered agent and agent with the provisions of all statutes relative to the promiser familiar with and accept the obligations of my poser 605, F.S. Or, if this document is being filed to mers. Thereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
		SCHOOL C. III-I-C	Grace E. Kirby, Asst. Vice President	

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