

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)828-2262

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
HDG MSO HMO 2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

9/14/14

9/15/14, 4:24 PM

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

1. The name of the limited liability company is: HDG MSO HMO 2, LLC

2. (a) Principal office address of the limited liability company: 444 BRICKELL AVE
SUITE 800
MIAMI FL 33131
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 444 BRICKELL AVE
SUITE 800
MIAMI FL 33131
(Note: MAY BE POST OFFICE BOX)

11/18/2013 L13000161241

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: GORDO, JOSE

Registered Office Address: 444 BRICKELL AVE
SUITE 800
MIAMI FL 33131

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

NEW Registered Agent: Corporate Creations Network Inc.

NEW Registered Office Address: 11380 Prosperity Farms Road #221E
Palm Beach Gardens FL 33410
(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, 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.

Kathleen Lange
(Signature of a member or authorized representative of a member)

by Kathleen Lange as Attorney-in-Fact
(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.

Kathleen Lange
(Signature of Registered Agent) **Kathleen Lange, Special Secretary**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

TNHS18(10/99)

Corporate Creations International Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens FL 33410
(561) 664-8107

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