L14000161340

| (Requestor's Name) | | | | | | |
|---|--------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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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 janis.smith@cscglobal.com

Date: August 19, 2016

Order#: 252930/047

Re: PRUITTHEALTH - ESCAMBIA COUNTY, 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 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. | Na | me of the limited liability company: PRUITTHEALTH | - ESCA | MBIA COL | INTY, LLC |
|--|----------------------------------|--|-------------------------------------|--|---|
| 2. (| a) | 1626 JEURGENS COURT | _ (b) |) | |
| • | - | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (°, | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | NORCROS GA 30093 | - | | |
| | | 10/16/2014 | _ | L1400016 | 1340 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. (| a) | CT CORPORATION SYSTEM | | | · |
| ` | | Registered Agent and Registered Office shown on the records of th | e Florida | Dept. of State | : |
| | | 1200 SOUTH PINE ISLAND ROAD | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | | PLANTATION , FL | 33324 | | NUE 115 23 |
| (1 | o) . | · · · · · · · · · · · · · · · · · · · | | | SSE 23 |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> 1201 Hays Street | | | P P |
| | | NEW Registered Office Address: | | | TATE ORIDA |
| | | Tallahassee, FL | 32301 | | • |
| the cagen was/ | har t w wei | mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of elest of organization or the operating agreement of the liability | he regist pility cor the limi | ered office npany, it is ted liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| Sig | nati | are of a member or authorized representative of a member | Jill C | ilmi, Author | ized Person Printed or typed name of signee |
| I he proving the continuity | reb isio bli ere red | y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete pagations of my position as registered agent as provided if y reflect a change in the registered office address, I he in writing of this change. | erforma for in C. ereby co | nce of my a hapter 605, nfirm that t | city. I further garee to comply with the |
| | | - | | | |

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