44000161353

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
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(Business Entity Name)							
(Document Number)							
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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#: 252930/036

Re: PRUITTHEALTH - ALACHUA 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. N	ame of the limited liability company: PRUITHEALT	H - ALAC	HUA COU	NTY, LLC				_
2. (a)	1626 JEURGENS COURT	(b)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		I	Mailing address of (Note: MAY BE				
	NORCROSS GA 30093							_
	10/16/2014		L1400016	61353				
3.	Date of filing/registration in Florida	4.		Document nun	nber			
5. (a)	CT CORPORATION SYSTEM							
U. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address (MUST BE FLORIDA STREET A	=						
	PLANTATION , FL	33324		-	SEC	<u>ت</u>		
(b)	Corporation Service Company				35	US 2	COLUMN CO	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	-	25 25 25 25 25 25 25 25 25 25 25 25 25 2	င်	,	•
	1201 Hays Street			-		نب	SECURITY OF SECURI	
	NEW Registered Office Address:				AGINE	57		
				•				
	Tallahassee , FL	32301		•				
the chagent was/w	timited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of these of organization or the operating agreement of the	the regisability con the the limi	tered office mpany, it is ted liability	e and the busine s hereby confiring y company or a	ess offic med that	e of th t the cl	ie register hange(s)	ed
Sign	ture of a member or authorized representative of a member	Jill C	ilmi, Autho	rized Person Printed or typed i	name of si	ignee		_
I here provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have been accompany of Registered Agent Corporation Service Company	performa d for in C iereby co	nce of my o hapter 605 nfirm that	acity. I further duties, and I an S. F.S. Or. if th	agree to n familio is docun ility con	o comp ar with nent is npany	n and acce being file	:pt
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Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00