## L14000/6/3/62

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(Address)						
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SECRETARY OF STATE

K. SALY NOV 18 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Cassandra Neill cassandra.neill@cscglobal.com

Date: November 14, 2016

Order#: 355916/005

. Re: PRUITTHEALTH - EAST FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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:Cassandra Neill 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.

<ol> <li>Na</li> <li>(a)</li> </ol>	me of the limited liability compan	y: FROITHEACT	(b)	-		
Σ. (α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0).	Mailing add	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	NORCROSS, GA	30093				
	10/16/2014			L14000161362		
3.	Date of filing/registration	n in Florida	4.	Documer	nt number	
5. (a)	CT CORPORATION SYSTEM					
	Registered Agent and Registered Office s		the Florida D	ept. of State:		
•	1200 SOUTH PINE ISLAND RC	PAD				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
					<b>201</b>	
	PLANTATION	, FI	33324		FIL 2016 NOV 16 SECRETAR'S	
	0					
(b) .	Corporation Service Company Enter name of NEW Registered Agent a	nd/or NEW Pagistared	l Office oddr	*ce*	FOR R	
•	isher hame of the wine regimered Agent a	nwor My Wegisteree	Office addition	<u> </u>	FLOG STA	
	1201 Hays Street				PM 3: 47  OF STATE E. FLORIDA	
	NEW Registered Office Address:			<del></del>		
	Tallahassee	EI	, 32301			
	Tananassee	, F1	, 32301			
the cha agent w was/we	mited liability company is not org nge or changes are made, the Flori vill be identical. Or, in the case of the authorized by an affirmative vo- cles of organization or the operation	da street address of a Florida limited li te of the members of	f the registe ability com of the limite limited lia	ered office and the lapany, it is hereby conditions and the labellity company	business office of the registered confirmed that the change(s) y or as otherwise provided in	
Signal	pre of a member or authorized representat	ive of a member	3111 (311		typed name of signee	
provision the oblination of th	by accept the appointment as regis ons of all statutes relative to the po- igations of my position as register by reflect a change in the register of many this charge.	roper and complete ed agent as provide a office address, I	performan d for in Ch hereby con	n this capacity. I fu ce of my duties, an apter 605, F.S. Or firm that the limited ce E. Kirby, Asst.	d I am familiar with and accept , if this document is being filed d liability company has been	

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