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(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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08/23/16--01040--007 **25.80





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#: 252930/039

Re: PRUITTHEALTH - BAY 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

FILED

16 AUG 23 MI 12: 4:
SECRETARY OF STATE

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	- BAY	COUNTY,	LLC
2.	(a)	1626 JEURGENS COURT	_ (b`)	
	· / /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		NORCROSS GA 30093	-		
		10/16/2014	_	L140001	61377
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 the Florida Dept. of State:					- e:
		1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				Ts 👼
ALLE CT.					ECT
		PLANTATION , FL_	33324		ANG 23 MI 12: 43 AND STATE AND SEE, FLORIDA
` ' -		Corporation Service Company			
		Enter name of NEW Registered Agent and/or NEW Registered O	Office add	lress:	- 100 IS
					1 5
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee FI	32301		-
the ag wa	e char ent w s/w¢	mited liability company is not organized under the laws nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	s of the he regis bility co the limi mited li	tered offic mpany, it i ited liabilit ability cor	e and the business office of the registered s hereby confirmed that the change(s) sy company or as otherwise provided in inpany.
	Signak	are of a member or authorized representative of a member	JIII C	anni, Autii	Printed or typed name of signee
pro the to no	ovisio e obli mere tifieq	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. Local Corporation Service Company	erforma for in C ereby co	ince of my Thapter 60: Infirm that	acity. I further agree to comply with the

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