| (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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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---|--|-------------------|--------------------------------------|--|
| SUBJI | In-Vigorating, LLC | | | |
| | Name | of Limited Liab | pility Company | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Nyde | en Nasif | | | |
| | Name of Person | | - | |
| In-Vig | gorating, LLC | | | |
| | Firm/Company | | ~ | |
| РО В | ox 1655 | | | |
| | Address | | | |
| Deerf | field Beach, FL 33443 | | | |
| | City/State and Zip Code | | - | |
| Nyde | en.Nasif@salixcare.com | | | |
| E | E-mail address: (to be used for future annua | al report notific | ation) | |
| For fur | ther information concerning this matter, p | lease call: | | |
| Nyde | en Nasif | 561 at (| 603-1246 | |
| | Name of Person | - - | Area Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: | MAI | LING ADDRESS: | |
| | Registration Section | _ | stration Section | |
| | Division of Corporations | | sion of Corporations | |
| | Clifton Building | | Box 6327 | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | Talla | shassee, Florida 32314 | |
| | Enclosed is a check for the following amount: | | | |
| | ■ \$25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | |

INHS18 (2/14)

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: In-Vigorating, | LLC |
|--|--|--|
| 2. (a) | In-Vigorating, LLC | (b) |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 1845 NE 4th Ave | P.O. Box 1655 |
| | Delray Beach, FL 33444 | Deerfield Beach, FL 33443 |
| | 08/27/2015 | L15000149361 |
| 3. | Date of filing/registration in Florida | 4. Document number |
| 5. (a) | Nydeen Nasif | |
| 3. (a) | Registered Agent and Registered Office shown on the records of the | he Florida Dept. of State: |
| | Registered Office Address (MUST RE FLORIDA STREET A | DDRESS) |
| | Delray Beach .FL | 33446 |
| (b) | Nydeen Nasif Enter name of NEW Registered Agent and/or NEW Registered (| Office address: |
| | NEW Registered Office Address: | |
| | 2805 Parker Ave | |
| | West Palm Beach , FL | 33405 |
| signa I here provist the obt to merical to the character of the control of the character o | ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liquid of a member or authorized representative of a member. | rs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) if the limited liability company or as otherwise provided in limited liability company. Nydeen Nasif Printed or typed name of signee see to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept after in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been |