L16000 106308

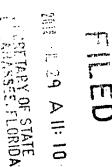
(Requestor's Name)						
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COVER LETTER

TO:		stration Section sion of Corporations				
SUBJI	ECT:	HealthIE Network, LLC Name of Limited Liability Company				
Dear S	ir or N	∕ladam:				
The en	closed	Registered Agent/Registered Off	fice Change a	and fe	e(s) are submitted for filing,	
Pleasc	return	all correspondence concerning th	is matter to t	he fo	llowing:	
		Name of Person				
Healt	hIE N	letwork, LLC				
		Firm/Company			•	
43 S.	Pow	erline Road Suite 524				
		Address				
Pomp	oano	Beach, FL 33069				
		City/State and Zip Code	<i>7</i>	-C10 CM-11	•	
admii	n@he	ealthienetwork.com				
E	-mail	address: (to be used for future and	nual report no	otifica	ition)	
For fur	ther i	nformation concerning this matter	, please call:			
Jenni	fer M	lolina	561 at (404-8883	
		Name of Person			Area Code & Daytime Telephone Number	
		EET/COURIER ADDRESS:			LING ADDRESS: stration Section	
Division of Corporations Divis		ion of Corporations				
		Box 6327				
		ahassee, Florida 32301		ı	hassee, Florida 32314	
	Enclosed is a check for the following amount:					
	2 2 \$:	25 Filing Fee	ם	\$ 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: HealthIE Net	work, LLC			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	43 S. Powerline Road, Suite 524	43	S. Powerline Road, Suite 524		
	Pompano Beach, FL 33069	Po	mpano Beach, FL 33069		
	June 1st 2016	L16	000106308		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Lynn Swanson				
	Registered Office Address (MUST BE FLORIDA STREET		of State:		
	3245 W McNab Road				
	Pompano Beach , FI	33069	RETARY OF STATE		
(b)	Corporation Service Company		The state of the		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	A II: 10 F STATE FLORIDA		
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee, FI	32301			
the cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registered ability compa- of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
		Alex Ch	nervinsky		
	ure of a member or authorized representative of a member	_	Printed or typed name of signee		
provisi the obli to mere		ree to act in the performance of for in Chapi hereby confiring the performance of the per	of my dulies, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been		
Signatui	Division of Corporations • P.O.				

FILING FEE: \$25.00