

L16 000 153490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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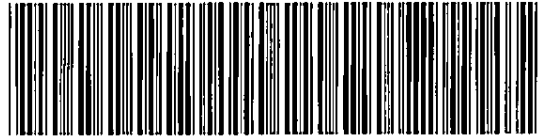
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
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115 N CALHOUN ST., STE. 4
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F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 02/13/2025

Name: Ovidshel Occean Jr.

Reference #: 2656751

Entity Name: ACCOUNTABLE CARE POST ACUTE CARE SERVICES LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature:

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. Name of the limited liability company: ACCOUNTABLE CARE POST ACUTE CARE SERVICES LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
401 N Michigan Ave Suite 1200
Chicago, IL 60611

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
401 N Michigan Ave Suite 1200
Chicago, IL 60611

3. 08/16/2016 Date of filing/registration in Florida

4. L16000153490 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Healthcare and General Legal Resources LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
115 North Calhoun Suite 4
Tallahassee, FL 32301

(b) Cogency Global Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
115 North Calhoun Street, Suite 4
NEW Registered Office Address:
Tallahassee, FL 32301

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Gerardo Aguirre, M.D.
Signature of a member or authorized representative of a member

Gerardo Aguirre, M.D.
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Anthony E. Mackay, V.P.
Signature of Registered Agent