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20 JUL 20 AM II: 53

## COVER LETTER

TO: Registration Section Division of Corporations	
CANO HEALTH LLC SUBJECT:	A. J. V. Labilita Community
Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
DAVID ARMSTRONG	
Name of Person	
CANO HEALTH LLC	
Firm/Company	
9725 NW 117TH AVE STE 200	<u> </u>
Address	
MEDLEY FL 33178	
City/State and Zip Code	
ILOPEZ@CANOHEALTH.COM	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please c	all:
JASMINE LOPEZ 95	514-9360 EXT 8024
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address: Registration Section
Registration Section	Division of Corporations
Division of Corporations	The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
i alianassee, FL 32314	Tallahassee, FL 32303
Enclosed is a check for the following amoun	ut:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 2020 JUL 20 AH II: 33

## 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.

(a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  9725 NW 117TH AVE STE 200  MEDLEY FL 33178  10/17/2016  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  9725 NW 117TH AVE STE 200  MEDLEY FL 33178  L16000190837	N	ame of the limited liability company: CANO HEALTH,I	TC	<u> </u>
9725 NW 117TH AVE STE 200  MEDLEY FL 33178  10/17/2016  Date of filing/registration in Florida 4. Document number  10/17/2016/MARLOW HERNANDEZ  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  680 N. UNIVERSITY DRIVE  Registered Office Address  MUST BE FLORIDA STREET ADDRESS  PEMBROKE PINES, FL 33024  FL  CT CORPORATION SYSTEM  NEW Registered Office Address:  1200 SOUTH PINE ISLAND RD  PLANTATION  FL  133324  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after it change or changes are made, the Florida Street address of the registered office and the business office of the registered per thing to reduce the state of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signstanded a theather is suphorized representative of a member  Finned is typed sance of signee  I hereby accept the appointment as registered agent as provided for in this capacity. I further agree to comply with the provisions of all stantates relative to the proper and complete performance of my duties, and I am familiar with and accept the object of this change in the registered agent as provided for in Chapter 605, 50, 7, f this document is being fellowed to writing of this change.  Chapter Of this change.		Principal office address of limited liability company:		Mailing address of limited liability company:
MEDLEY FL 33178  MEDLEY FL 33178  10/17/2016  Date of filing/registration in Florida  A Document number  10/17/2016/MARLOW HERNANDEZ  Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 680 N. UNIVERSITY DRIVE  Registered Office Address (MUST RE FLORIDA STREET ADDRESS)  PEMBROKE PINES. FL 33024  FL  CT CORPORATION SYSTEM  NEW Registered Office Address: 1200 SOUTH PINE ISLAND RD  PLANTATION  FL 33324  f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the limited of changes are made, the Florida street address of the registered office and the business office of the registered office and the business office of the registered office and the function of registering agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Supplication of a distance relative to the proper and complete performance of my duties, and I am familiar with and accept the appointment as registered agent as provided for in Chapter 605, For If this document is being filled to mare by the schange.  Chapter University of this change.  Chapter 605, For If this document is being filled.  Chapter 61, Chapter 605, For If this document is being filled.				
Date of filing/registration in Florida 4. Document number  [a] 10/17/2016 / MARLOW HERNANDEZ  Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 630 N. UNIVERSITY DRIVE  Registered Office Address (MUSTRE FLORIDA STREET ADDRESS)  PEMBROKE PINES. FL 33024 , FL  [b] Enter name of NEW Registered Agent and/or NEW Registered Office address: 1200 SOUTH PINE ISLAND RD  PLANTATION , FL  [c] 33324  [f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after it shange 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 was was 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.    Signalured a financial or subscript of the operating agreement of the limited liability company.   Funt of typed name of signee		9725 NW 117TH AVE STE 200	_	9/25 NW 11/11 AVESTE 200
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(a)  10/17/2016 / MARLOW HERNANDEZ  Registered Agent and Registered Office abown on the records of the Florida Dept. of State: 680 N. UNIVERSITY DRIVE  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  PEMBROKE PINES. FL 33024			_	
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Enter name of NEW Registered Agent and/or NEW Registered Office address:  CT CORPORATION SYSTEM  NEW Registered Office Address: 1200 SOUTH PINE ISLAND RD  PLANTATION  FL 33324  f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the thange or changes are made, the Florida street address of the registered office and the business office of the registered gent 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.  Significantly of a member of a member of a member private 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 file to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been output to member the object of the registered office address, I hereby confirm that the limited liability company has been output of the change.		Registered Office Address MUST BE FLORIDA STREET A	DDRES	<u> </u>
Enter name of NEW Registered Agent and/or NEW Registered Office address:  CT CORPORATION SYSTEM  NEW Registered Office Address:  1200 SOUTH PINE ISLAND RD  PLANTATION  FL 33324  f 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 igent 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.  Signature of a member provided in the proper and complete performance of my duties, and I am jamiliar with and 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 jamiliar 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 file to merely reflect a change in the registered agent as provided for in Chapter 605, F. S. Or, if this document is being file to merely reflect a change in the registered agent as provided for in Chapter 605, F. S. Or, if this document is being file to merely reflect a change in the registered agent as provided for in Chapter 605, F. S. Or, if this document is being file to merely reflect a change in the registered agent as provided for in Chapter 605, F. S. Or, if this document is being file to merely reflect a change in the registered agent as provided for in Chapter 605, F. S. Or, if this document is being file to merely reflect a change in the registered agent as provided for in Chapter 605, F. S. Or, if this document is being file to merely reflect a change in the file of the proper and complete perfo		PEMBROKE PINES, FL 33024, FL		
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00