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CSC - WILMINGTON
251 Little Falls Drive
Wilmington, De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: July 21, 2020

Order#: 345704/028

Re: BETHESDA HEALTH QUALITY ALLIANCE, 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:Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive 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

## 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.

|                                | me of the fiffilled hability company.   | DA HEALTH QUALITY ALLIANCE, LLC   |
|--------------------------------|---|---|
| (a)                            | 2815 S SEACREST BLVD  | (b)   |
|                                | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                                | BOYNTON BEACH, FL 33435   | BOYNTON BEACH, FL 33435   |
|                                | 03/13/2017  | L17000055818  |
|                                | Date of filing/registration in Florida  | 4. Document number  |
| (a)                            | FRIEDMAN, DAVID RESQ.   |   |
| (a)                            | Registered Agent and Registered Office shown on the records o   | of the Florida Dept. of State:  |
|                                | 6855 RED ROAD SUITE 500   |   |
|                                | Registered Office Address (MUST BE FLORIDA STREET   | T ADDRESS)  |
|                                |   |   |
|                                | 00041 048150  | 20440   |
|                                | CORAL GABLES , F  | FL 33143  |
|                                |   |   |
| (b)                            | Enter name of NEW Registered Agent and/or NEW Registere   |   |
|                                | Carter frame of NEW Registered Agent and/or NEW Registere   | eu Onice souress.   |
|                                | Corporation Service Company   | 2020 JUL 23   |
|                                | NEW Registered Office Address:  |   |
|                                | 1201 Hays Street  | $\delta \sim 3$   |
|                                |   |   |
|                                | Tallahassee   | 32301 공동 호 <b>년</b>   |
|                                | , F   | FL To To To   |
| nge<br>nt v<br>s/we<br>arti    | or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cles of organization or the operating agreement of the                          | laws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company. |
|                                | ture of a member or authorized representative of a member   | Jill Cilmi, Authorized Person   |
| gnat                           | ture of a member or authorized representative of a member   | Printed or typed name of signee   |
| ovisi<br>obli<br>nere<br>ifiec | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, It in writing of this change. | gree to act in this capacity. I further agree to comply with the<br>le performance of my duties, and I am familiar with and acce<br>ded for in Chapter 605, F.S. Or, if this document is being file<br>I hereby confirm that the limited liability company has been                         |

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company