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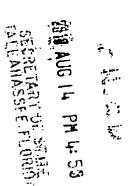
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PICK-UP	WAIT	MAIL		
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COVER LETTER

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	CC	OVER LETTER •
	Registration Section Division of Corporations	
SUBJEC	MIAMI CHILDREN'S HEALTH PL	AN, LLC
	Name of Li	imited Liability Company
Dear Sir	or Madam:	
The enclo	osed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matte	er to the following:
JODI L	AURENCE	
	Name of Person	
MIAMI	CHILDREN'S HEALTH SYSTEM, INC	<u>.</u>
	Firm/Company	
3100 S	W 62 AVENUE	
	Address	
МІАМІ,	FL 33155	
	City/State and Zip Code	
corpora	te.governance@nicklaushealth.org	
E-m	nail address: (to be used for future annual rep	ort notification)
For furthe	er information concerning this matter, please	call:
Josee C	Chin at (786 624-5585
	Name of Person	Area Code & Daytime Telephone Number
R D C 2	TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314
E	inclosed is a check for the following amour	nt:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☑ \$25 Filing Fee

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. 1	Name of the limited liability company: MIAMI CHILE	DREN'S H	HEALTH PLAN, LLC
2. (a	3100 SW 62 AVENUE	(b) _	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: M.4) BE POST OFFICE BOX)
	MIAMI, FL 33155	-	
	10/16/2017	<u>L</u> ·	17000213997
 3. 5. (a) 	Date of filing/registration in Florida APRIL ANDREWS-SINGH	4.	Document number
J. (.	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 3100 SW 62 AVENUE	ADDRESS)	·
	MIAMI . FL	33155	
(b	MIAMI CHILDREN'S HEALTH SYSTEM, INC. Enter name of NEW Registered Agent and/or NEW Registered C/O LEGAL DEPT.		NO IN PH 4: 53
	NEW Registered Office Address:		
	3100 SW 62 AVENUE		
	MIAMI, FL	33155	
the clagent was/X the ar	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the mature of a member or authorized representative of a member	the registe ability com of the limite limited liab	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
provi the oi to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It ed in writing of this change	performan	ice of my duties, and I am familiar with and accept.
	_ Hall Jallioner		
Signa	Division of Corporations P.O. I	D / 137 -	Tallahassas El 22214

FILING FEE: \$25.00