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SECRETARY OF STATE

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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: Meghan Groom meghan.groom@cscglobal.com

Date: October 22, 2020

Order#: 466090/010

Re: PRUITTHEALTH - OKALOOSA COUNTY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$525.00.

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:Meghan Groom

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.

1.	Name of the limited liability company: PRUITTHEALTH - OKALOOSA COUNTY, LLC					OUNTY, LLC
2	(a)	1626 JEURGENS COURT		(b)	1626 JE	URGENS COURT
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	()		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		NORCROSS, GA 30093	-	-	NORCR	OSS, GA 30093
		04/19/2019		L	1900010	5076
3.		Date of filing/registration in Florida	4.			Document number
5	(a)	HAESELIN, DOREEN S				
J.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_
		TALLAHASSEE , FL	32301			2020 OCT 27 SECRETAR
	(b)					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office s	<u>ıddı</u>	<u>'ess</u> :	Sort S
		Corporation Service Company				SSFE STATE OF STATE O
		<u>NEW</u> Registered Office Address:		•		: ' .
		1201 Hays Street				_
		Tallahassee, FL_	32301			_
cha age wa the	ange ent v s/we arti /S/	mited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability and the reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability. Neil L. Pruitt, Jr. There of a member or authorized representative of a member by accept the appointment as registered agent and agree.	registe oility of the li imited Nei Pru Me	red mit lia il L ittl mb	office an ipany, it is defined liability cores Pruitt, Health—er.	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Jr., Authorized Person on behalf of West Central Florida, LLC, Managing Printed or typed name of signee
prothe to	ovisi obl nere hjick	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. Grace E. Kirby, Asst	perform for in ereby	nan Ch con	ce of my apter 60. firm that	duties, ånd I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00