Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)280-3338

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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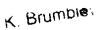
LLC REGISTERED AGENT CHANGE LHCG CLIII LLC

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, Pຣລສ: 3 of 3 2023-11-16 08:00:58 CST 12122023573 From: David Thomas

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. N	ame of the limited liability company: LHCG CLIII LLC	.	
2. (a)	No change	(b)_	No change
(,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	01/13/2020 Date of filing/registration in Florida		20000008793 Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of 115 NORTH CALHOUN STREET	the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 4		
(b)	TALLAHASSEE , FL	32301	2023
	C T Corporation System		2023 NOV 11
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		a 1
	1200 South Pine Island Road		AM 10: 32
	NEW Registered Office Address:		32
	Plantation, FL	33324	
the change of th	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ability com of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	Korosec, Secretary	/s/ Kar	1 Korosec
I here provis the ob to mer notifie By:	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all stantes relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address, I is d in writing of this change. C T Corporation System [5] Michele Holden, Asst Sect ire of Registered Agent	ree to act ir performan ul for in Ch hereby conj	Printed or typed name of signee I this capacity. I further agree to comply with the ice of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

To: