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K. Brumbles

Paga: 3 of 3 2023-11-16 08:05:41 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.

	nme of the limited liability company: LHCG CLV, LLC		No chai	2002
2. (a)	No change  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	b)	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
3.	Date of filing/registration in Florida COGENCY GLOBAL INC.	- 4.	L2000000	08797 Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat  115 NORTH CALHOUN STREET  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		tate:	
	TALLAHASSEE ,FL 32301  C.T Corporation System  Enter name of NEW Registered Agent and/or NEW Registered Office address*  1200 South Pine Island Road			2023 NOV 1 6 AH 10:
	NEW Registered Office Address:  Plantation , FL	33324		
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the reg bility c f the lit	istered off ompany, i nited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	Korosec, Secretary	/s/	Kara Koros	
I herei provisi the obl to mero notified By:	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statities relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I ha d in writing of this change.  CT Corporation System  1st Michele Holden. Asst Sect re of Registered Agent	ee to ac perfori I för in ereby c	et in this conduce of n Chapter to Chapter to	Printed or typed name of signce apacity. I further agree to comply with the sy duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been

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To: