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| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | | | |
|--|---|--|--|--|--|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) | | | | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) | | | | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) | | | | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (City/State/Zip/Phone #) | | | | |
| (Document Number) Certified Copies Certificates of Status | PICK-UP WAIT MAIL | | | | |
| Certified Copies Certificates of Status | (Business Entity Name) | | | | |
| | (Document Number) | | | | |
| Special Instructions to Filing Officer: | Certified Copies Certificates of Status | | | | |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: 0 | 9/28/2021 | |
|----------------|-------------------------------|------------------------|
| Name: | Merritt Walker | |
| Reference #:_ | 1479840 | |
| Entity Name:_ | ALLEO HEAL | TH OF FLORIDA, LLC |
| ☐ Articles | of Incorporation/Authorizatio | n to Transact Business |
| Amendr | nent | |
| ✓ Change | of Agent | |
| Reinstat | tement | |
| Convers | sion | |
| Merger | | |
| ☐ Dissolut | ion/Withdrawal | |
| Fictitious | s Name | |
| Other | | |
| | | |
| Authorized Amo | ount: \$25 | |
| Signature: | (MM) | |

F: 800.944.6607

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: | ALLEO | HEALTH OF FLORIDA, LLC |
|---------------------------------|---|--|---|
| | | | |
| · | Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 4411 OAKWOOD DRIVE | | 4411 OAKWOOD DRIVE |
| | CHATTANOOGA, TN 37416 | _ | CHATTANOOGA, TN 37416 |
| | 2/19/2021 | | L21000084770 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | JOHN F. GILROY III, P.A. | | |
| | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State: |
| | 2118 LA ROCHELLE DR | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | · |
| | TALLAHASSEE , FL | 32 | 308 |
| (b) | COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered | | 300 STO 28 |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office add | ms: SX F M |
| | 115 North Calhoun Street, Suit | te 4 | 28 AMIO: 45 LLAHASSEE, FL |
| | NEW Registered Office Address: | | 1. E. 2. |
| | | | . |
| | Tallahassee FL | 32 | 301 |
| the cha agent w was/we | mited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the psymbers of cles of organization or the operating agreement of the | the registability con fithe limit | ered office and the business office of the registered appany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in |
| | 11/0/ | | J. Brad Hunter |
| | are of a member or authorized representative of a member | · · · | Printed or typed name of signee |
| provisio the obli to mere | y accept the appointment as registered agent and agroms of all statutes relative to the proper and complete j gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change. | ee to uct i performa l jor in Cl iereby cor | n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep apter 605. F.S. Or, if this document is being filed aftern that the United liability company has been |

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

Menutt Walker. Asst. Secretary
Signmore of Registered Agent