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05/14/15--01014--022 **25.00



5/20/15



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 12, 2015

Order#: 585941-019

Re: AMERI-LIFE AND HEALTH SERVICES OF BREVARD COUNTY, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.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: AMERI-LIFE & I	HEALTH :	SERVICES OF BREVARD COUNTY, L.L.C.
2. (a) 1921 Alma Drive	(b)	2650 McCormick Drive
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			Suite 200S
	Melbourne, FL 32904		Clearwater, FL 33759
	09/13/2000	_	M0000001892
3.	Date of filing/registration in Florida	4.	Document number
5. (a) Nathan R Hightower Esq.		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	2650 McCormick Drive		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Suite 200S		
	Clearwater , FL_	33759	FILED PH 3: 20 AND AND SEE. FLORID STATE
(b) <u>Corporation Service Company</u>		FLOO	
Enter name of NEW Registered Agent and/or NEW Registered Office address:		RIUA RIUA	
	1201 Hays Street		
	NEW Registered Office Address:		
			
	Tallahassee , FL	32301	
the clagent was/v	limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the l	the registed bility come the community that community the community	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Cia	Aughe a San	Elizat	eth A. Dawson, Authorized Person
-	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the o to me	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address, I ha ed in writing of this change.	e to act in performan for in Ch ereby con	n this capacity. I further agree to comply with the ace 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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. VP