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(Requestor's Name)			
(Address)			
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(O) (O) (O)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Dasiness Elliny Hallie)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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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: Ami Casper ami.casper@cscglobal.com

Date: January 12, 2021

Order#: 592841-116

Re: DISCOVERY HEALTH VENTURES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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.

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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.

I. Na	nme of the limited liability company:	Y HEALTH VENTU	RES, L.L.C.
2. (a)	8403 Colesville Road	(h)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Silver Spring, MD 20910		
	09/13/2002	M0200	0002407
 (a) 	Date of filing/registration in Florida C T Corporation System	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records 1200 South Pine Island Road	of the Florida Dept. of	
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	2021 JAN 14
	Plantation	FL33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>		— 9. 1. de 1
	NEW Registered Office Address:		
	1201 Hays Street		<u></u>
	Tallahassee	FL	
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the control	the registered office liability company. is of the limited lial	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
/s/ Jill	Cilmi	Jill Cilmi, A	uthorized Person
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address.	igree to act in this ite performance of ded for in Chapter I hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed hat the limited liability company has been
notified in writing of this change. Corporation Service Company			vice Company
Signatu	re of Registered Agent	Ami M. Casper,	Asst. Vice President