

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

MO2000002407

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)288-0845
Fax Number : (614)573-3996

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

Email Address: _____

**LLC REGISTERED AGENT CHANGE
DISCOVERY HEALTH VENTURES, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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.

1. Name of the limited liability company: Discovery Health Ventures, L.L.C.
2. (a) 230 Park Avenue South
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
New York, NY 10003
- (b) 230 Park Avenue South
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
New York, NY 10003
3. 09/13/2012
Date of filing/registration in Florida
4. M02000002407
Document number
5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
1201 HAYS ST
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301
- (b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address
NEW Registered Office Address
1200 South Pine Island Road
Plantation, FL 33324

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joe Davis
Signature of a member or authorized representative of a member

JOE DAVIS, MANAGER

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System
Signature of Registered Agent DEAN L. EMERICK, ASSISTANT SECRETARY

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