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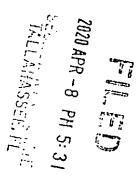
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C Kiuzek



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: April 6, 2020

Order#: 245269-042

Re: AUREUS NURSING, 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.

OUCA.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.	Na	me of the limited liability company: AUREUS NURSI	NG, LLC	<u> </u>	<u> </u>		 -	
2	(a)	13609 California Street, Suite 500	(b)	P.O. Bo	эх 3037			
	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	-	Aailing address of lim (Note: MAY BE Po		-	
		Omaha, NE 68154-5260	-	Omaha, N	NE 68103-0037			
		12/11/2002	_	M0200000)3303			
3.		Date of filing/registration in Florida	4.		Document number	er		
5.	(a)	C T Corporation System						
		Registered Agent and Registered Office shown on the records of th	e Florida l	Dept. of State	:			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)					
		Plantation . FL_	33324		. ••	-:'	202	
(1					7.		2020 APR	Carren
	(b)	Corporation Service Company			. 21	, :	PR	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	<u>ress</u> :	LARY,SSER, F	-	8	,
					C) E/	;		er enny
		1201 Hays Street			<u>f:</u>	:.	PH 5:	. 4 5 7-47
		NEW Registered Office Address:			-	; -	ά	تريبيب
					,	:	$\frac{\omega}{\omega}$	
		- · · ·						
		Tallahassee, FL_	32301					
the ag	e cha ent v as/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist oility cor the limi	ered office npany, it is ted liability	e and the business s hereby confirme y company or as c	offi d th	ice of that the c	he registered change(s)
/s/ Jill Cilmi Jill			Jill C	Jill Cilmi, Authorized Person				
	Signa	ure of a member or authorized representative of a member			Printed or typed nan	ne of	signee	
pr the to no	ovisi e obl mere stified	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered affice address, I have I'm writing of this change.	performa for in C. greby co	nce of my a hapter 605, nfirm that i	acity. I further as duties, and I am fo , F.S. Or, if this o the limited liabilid per, Asst. Vice I	amil docu ty ca	liar wit iment i impany	ply with the h and accept s being filed has been
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