19542060845 From: Panae McGraw Page B of 4 To: Division. of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H160002506763))) H160002506763ABC0 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations 2017 Fax Number : (850)617-6383 <u>ا</u>ت ----From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842 C Fax Number : (850)878-5368 **Enter the email address for this business entity to be used for 'future' çç 53 0 Email Address: . 1 LLC REGISTERED AGENT CHANGE TALEMED, LLC 2016 OCT Certificate of Status 0 ٦ŀ 0 Certified Copy 0 02 Page Count \$25.00 Estimated Charge T à ຕາ ت

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Signature of Registered Agent

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19542080845 From: Ranae McGraw

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.

(a) _			رلم)		
	Principal office address of limited liability company:		ίų.	Malling addro	ss of limited liability company;
	(<i>Note: MUST BI STREET ADDRESS</i>) 6279 TRI RIDGE BLVD SUITE 110			6279 TRI RIDGE BLV	Y BE POST OFFICE BOX
•					
	LOVELAND, OH 45140			LOVBLAND, OH 451	40 ·
	12/09/2013			406000005171	
	Date of filing/registration in Florida	4 .	-	Document	number
(a)	Gallets, Eunice				
.,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2825 SW 22ND Ave Ste 105				
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	5 5 5	· · · · · · · · · · · · · · · · · · ·	•
	DELRAY BEACH , FI	3344.	5		2016 OCT 10 AM. 8: 59
(b)	NRAI Services, Inc.				DI BER
	Enter name of NEW Registered Agent and/or NEW Registered	Office	nde		
	1200 South Pine Island Ro	ad			, M.8.5 SEE. 11 0141
	NEW Registered Office Address:				55 S
	Plantation , FI	3332	4		·
cha nt w /we	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li ore authorized by an affirmative vote of the members cles of organization or the operating agreement of the	the readility of the limit	egis / co lim ed l	ered office and the binneany, it is hereby content of the binnear the binnear sector of the binnear sector binn	usiness office of the regist onfirmed that the change(s
1	10/6/16 und of a member or authorized representative of a member	1	ho	as Anderson, Member	
	and of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a change in the registered office address, I i in writing of this change.	-			yped name of signee
	ov accept the appointment as registered agent and ag	ree 10	act	in inis capacity. I fur	iner agree to comply with

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

Mona

Assistant Secretary