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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 20, 2015

Order#: 711526-015

Re: AMERI-LIFE AND HEALTH SERVICES OF CENTRAL GEORGIA, 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: Grace Kirby 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. N	ame of the limited liability company: AMERI-LIFE AND HEALTH SERVICES OF CENTRAL GEORGIA, LLC						
2. (a)	4357 Forsyth Road		(b) 2650 McCormick Dr				
2. (u)	Principal office address of limited (Note: MUST BE STREET		(0)	Maili		ed liability company:	
	Suite 280			Ste 200S			
	Macon GA	31210		Clearwater	FL_	33759	
	10/10/2007			M0700000610	04		
3.	Date of filing/registration	in Florida	- 4		cument number	n -11770172 - 1 - 4	
<i>-</i>	Composition Service Communication						
5. (a)	Corporation Service Company Registered Agent and Registered Office sh	own on the records of	the Florida	Dept of State:			
		own on the leading of	die i ionad	sopt. of state.	•		
	1201 Hays Street	TIONED (CONDERON	45555000				
	Registered Office Address (MUST BE	<u>FLORIDA STREET .</u>	<u>ADDKESS)</u>				
	Tallahassee	, FL	, 32301		ner e	13	
			<u> </u>		and pa	number of the second	
(b)	R. Nathan Hightower, Esq				기정	The A to a desiration of the same of the s	
(0)	Enter name of NEW Registered Agent and	d/or NEW Registered	Office add	ress;		22	
					<u> </u>		
	2650 McCormick Dr					i	
	NEW Registered Office Address:					12:	
	Suite 200S				> Cm	ā.	
	00.00						
	Clearwater	, FL	33759				
		سلانق و	, 00100				
the ch agent was/w	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a vere authorized by an affirmative vote ticles of organization or the operating	a street address of Florida limited lise of the members o	the regist ability cor of the limi limited li	ered office and npany, it is her ted liability con ability compan	I the business of reby confirmed t mpany or as oth y.	ffice of the registered that the change(s)	
Sion	ature of a member or authorized representativ	re of a member	Dona	Priebe, Autho	rized Person ited or typed name o	of signee	
_	•					_	
I here provis the ob to mer notifie	by accept the appointment as registerions of all statutes relative to the proligations of my position as registered rely reflect a change in the registered at in writing of this change.	ered agent and agr oper and complete d agent as provide d office address, I	ree to act i performa d for in Ci hereby coi	n this capacity nce of my dutie hapter 605, F.S nfirm that the l	o. I further agre es, and I am fam S. Or, if this doc imited liability o	e to comply with the illiar with and accept cument is being filed company has been	
Signati	ure of Registered Agent R. Nathan High	tower. Esq.					

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