

Division of Corporations

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Florida Department of State
Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
MHNET SPECIALTY SERVICES, LLC

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B. BOSTICK

MAR - 3 2014

EXAMINER

2/28/2014

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: MHNet Specialty Services, LLC

2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**)

2/28/2008

M08000000956

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

NRAI SERVICES, INC.

Registered Office Address:

1200 South Pine Island Road Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

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.

Sharlin Aldao-Carrillo
Signature of a member or authorized representative of a member

Sharlin Aldao-Carrillo, Manager

Printed or typed name of signee

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: KRISTIN BOLDEN

Signature of Registered Agent

Kristin Bolden

Assistant Secretary

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

FILING FEE: \$25.00

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February 28, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MHNET SPECIALTY SERVICES, LLC
6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

SUBJECT: MHNET SPECIALTY SERVICES, LLC
REF: M08000000956

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Barbara Bostick
Regulatory Specialist II

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