M08000004346

(Requestor's Name)										
(Address)										
(Address)										
(Cit	ty/State/Zip/Phone	; #)								
PICK-UP	☐ WAIT	MAIL								
(Business Entity Name)										
(Document Number)										
Certified Copies Certificates of Status										
Special Instructions to Filing Officer:										

Office Use Only



500287430085

07/08/16--01016--022 **25.00



S Warren
JUL 1 1 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 6, 2016

Order#: 190355-011

Re: GOHEALTH, 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: Janis M. Smith 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.	Na	me of the limited liability company: GOHEALTI	H, LLC						
2.	(a)	214 West Huron St 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)			
		Chicago IL 60654							
		09/24/2008		<u> </u>	M080000				
3.		Date of filing/registration in Florida		4.		Document nu	mbei	r	
5.	(a)	C T CORPORATION SYSTEM							
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
		1200 SOUTH PINE ISLAND ROAD		_					
		egistered Office Address (MUST BE FLORIDA STREET ADDRESS)				e e		2016	T
		PLANTATION	_, FL	33324		- (1) - (1) - (1)	TARY OF STATE	ÇQ	
	(b) Corporation Service Company					7	(C)	₽	Ö
	()	Enter name of NEW Registered Agent and/or NEW Registered Agent			ress:	ORIDA	TATE	A 10: 27:	
	1201 Hays Street					_			
		NEW Registered Office Address:		_					
		Tallahassee	_, FL	32301					
the ag wa	e cha ent w s/we	mited liability company is not organized under the nge or changes are made, the Florida street addrestill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of	ss of the ed liab ers of t	ne regist ility cou the limi	ered offic npany, it i ted liabilit	e and the busing is hereby confinity company or a	ess o	office of I that th	of the registered he change(s)
_	3	Jue E. agni	-	Jill C	ilmi, Autho	orized Person		<u> </u>	
	-	ure of a member or authorized representative of a member				Printed or typed			
pr the to no	ovisi e obli mere tified	by accept the appointment as registered agent and ons of all statutes relative to the proper and complete igations of my position as registered agent as property reflect a change in the registered office address in writing of this change. The of Registered Agent Corporation Service Compa	plete pe vided j ss, I he	erforma for in C reby co	nce of my hapter 60: nfirm that	duties, and I a 5, F.S. Or, if th the limited liad	m fai is de bility	miliar ocume comp	with and accept nt is being filed any has been
31	gnatu	re of Registered Agent Corporation Service Compa	ıny 1	o i . Ul	ace E. Kl	rby, Assistant	. VIC	e ries	siulici