

RA/R0/ch8
5/20/15



CORPORATION SERVICE COMPANY

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 12, 2015

Order#: 585942-221

Re: NETWORK INSURANCE SENIOR HEALTH DIVISION ALG, LLC

Enclosed please find:

- XX Change of Registered Agent and Office.
- XX Check in the amount of \$25.00.

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: Lindsey Lockard
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. Name of the limited liability company: NETWORK INSURANCE SENIOR HEALTH DIVISION ALG, LLC

2. (a) 2650 McCormick Drive (b) 2650 McCormick Drive
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Suite 200S

Suite 200S

Clearwater, FL 33759

Clearwater, FL 33759

01/06/2009

M09000000070

3. Date of filing/registration in Florida 4. Document number

5. (a) Nathan R Hightower, Esquire
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2650 McCormick Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 200S

Clearwater, FL 33759

(b) Corporation Service Company

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:


1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

FILED
STATE
SECRETARY OF
DIVISION OF CORPORATIONS
2015 MAY 14 PM 12:16

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.



Signature of a member or authorized representative of a member

Elizabeth A. Dawson, Authorized Person

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.



Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. VP

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