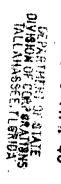
M0900001216

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Only/OtationZip/) Notice in |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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RECEIVED

10 DEC -3 PH 3: 33

DIVISION OF CORPORATION:

B. KOHR

DEC - 3 2010

EXAMINER

DIVISION OF CORPORATIONS



| ON SERVICE COMPANY | | | 250 |
|--------------------------------------|------|----------------|------------------|
| ACCOUNT NO. | : | I2000000195 | 6 |
| REFERENCE | : | . 1 | |
| AUTHORIZATION | : | Spulselenan | 3 |
| COST LIMIT | : | \$ 25.00 | ب <i>ې</i> '' |
| ORDER DATE : December 3, 2010 |) | | |
| ORDER TIME : 1:21 PM | | | |
| ORDER NO. : 596640-002 | | | |
| CUSTOMER NO: 7800376 | | | |
| | | | |
| CHANGE OF A | AGEN | <u>T</u> | |
| | | | |
| NAME: CAREHERE, LLO | ٦ | | |
| MANIE. CARENERE, LIC | _ | | |
| | | | |
| PLEASE RETURN THE FOLLOWING AS | PR | OOF OF FILING: | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | |
| | | | |
| | | | |
| CONTACT PERSON: Janis M. Smit | h - | - EXT# 3110 | |
| | | EXAMINER. | |

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

| Pursuant to the provisions of sections 608.416 or 6 company submits the following statement in order to the State of Florida. | to change its registered office or registered agent or both | | |
|---|--|--|--|
| 1. Name of the limited liability company: <u>CARE</u> | HERE LLC | | |
| 2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS) | ompany: 215 Jamestown Park Drive Suite 204 Brentwood, TN 37027 | | |
| (b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) | | | |
| March 26, 2009 | M09000001216 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office sho | wn on the records of the Florida Dept. of State: | | |
| Registered Agent: | Ray Tomlinson | | |
| Registered Office Address: | Crowne Consulting 1552 Boren Drive, Suite 100 Ocoee, FL 34761 | | |
| (b) Enter name of NEW Registered Agent and/ | or NEW Registered Office address: | | |
| NEW Registered Agent: | Corporation Service Company | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESA | 1201 Hays Street Tallahassee ,FL 32301 | | |
| that after the change or changes are made, the Floric office of the registered agent will be identical. Or, i hereby confirmed that the change(s) was/were autholiability company or as otherwise provided in the archimited liability company. (Signature of a member or authorized representative of a member) | ler the laws of the State of Florida, it is hereby confirmed la street address of the registered office and the business n the case of a Florida limited liability company, it is prized by an affirmative vote of the members of the limited ticles of organization or the operating agreement of the | | |
| Blanca Lozada, Attorney in Fact (Printed or typed name of signee) | | | |
| | t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I osition as registered agent as provided for in Chapter 608, flect a change in the registered office address, I hereby notified in writing of this change. | | |
| (Signature of Registered Agent) Grace E. Kirby, Asst. \ | | | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 | | | |

INHS18 (05/08)