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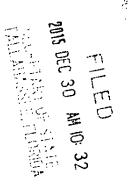
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400279297814

12/30/15--01016--019 **25.00





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: December 24, 2015

Order#: 922383-131

Re: TANDEM HEALTH CARE, 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. N	Jame of the limited liability company: TANDEM HEA	ALTH CARE	, LLC		
2. (a)	3820 Mansell Road	(b)	(b) 3820 Mansell Road		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5).	Mailing address of limited (Note: MAY BE POST	• •	
	Suite 280		Suite 280		
	Alpharetta, GA 30022		Alpharetta, GA 30022		
	01/22/2009		M09000001820		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	C T Corporation System				
J. (u	Registered Agent and Registered Office shown on the records o	f the Florida D	ept. of State:		
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET	r ADDRECCI			
	Registered Office Address [MOST DE TEORIDA STALLT	ADDICESSI			
				2	
	Plantation F	L 33324		5 0	
		L00024	 _	030	
(b)	Corporation Service Company			第 8	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre			
			_		
	1201 Hays Street			,	
	NEW Registered Office Address:			第三32	
	Tallahassee , F	L 32301			
the chagent was/w the ar Sign I here provis the obtained to me:	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member to the appointment as registered agent and agricultures of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I	of the registe liability com of the limite e limited lia Dona gree to act in e performan led for in Chi	red office and the business office pany, it is hereby confirmed the dealiability company or as other bility company. Priebe, Authorized Person Printed or typed name of this canacity. I further garee	ice of the registered at the change(s) rwise provided in signee	
nouju	Corporation Service Company Lugar Agent Language Agent	7	·		

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

INHS18 (2/14)

By: Elizabeth A. Dawson, Asst. Vice President