m09000003213

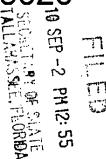
î.	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
<i>,</i>	

Office Use Only



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Change RA



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N. CAUSSEAUX

SEP - 2 2010

EXAMINER

COVER LETTER

6 . 2

TO: Registration Section Division of Corporations	
SUBJECT: Liberty Health Network (Name	LLC of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
(Name of Person)	
Silver State Management Services LLC	
(Firm/Company)	
PO Box 6957	
(Address)	
Cantalina NIV 00440	
Stateline, NV 89449 (City/State and Zip Code)	
, ,	
For further information concerning this mat	ter, please call:
Terry Wells	at (775) 588-8000
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
	\$55 Filing Fee & Certified Copy



August 11, 2010

SILVER STATE MANAGEMENT SERVICES LLC P.O. BOX 6957 STATELINE, NV 89449

SUBJECT: LIBERTY HEALTH NETWORK LLC

Ref. Number: M09000003213

We have received your document for LIBERTY HEALTH NETWORK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 110A00019324

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

in the state of Pioriaa.	
1. Name of the limited liability company: <u>Lib</u>	erty Health Network LLC
2. (a) Principal office address of limited liabili (<i>Note: MUST BE STREET ADDRES</i>	ity company: 297 Kingsbury Grade Ste. 100 Stateline, NV 89449
(b) Mailing address of limited liability compared (Note: MAY BE POST OFFICE BOX	pany: PO Box 4470 Stateline, NV 89449
8/17/2009	M09000003213 TO
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:	CAPITOL CORPORATE SERVICES, INC.
Registered Office Address:	155 OFFICE PLAZA DRIVE SUITE A TALLAHASSEE FL 32301 US
(b) Enter name of NEW Registered Agent	and/or NEW Registered Office address:
NEW Registered Agent:	Northwest Registered Agent, LLC.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2022-2 Raymond Diehl Rd
	Tallahassee ,FL 32301
that after the change or changes are made, the F office of the registered agent will be identical.	I under the laws of the State of Florida, it is hereby confirmed Florida street address of the registered office and the business Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited he articles of organization or the operating agreement of the

liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

SEGUROS S.A. IS Market (Signature of a member or authorized representative of a member)

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 608, 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.

DAVID BATRICK Authorized Party

8/16/2010

(Signature of Registered Agent)

Dan Keen-Manager

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