M09000004553

| (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



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 5, 2021

Order#: 639480-028

Re: AMEDISYS HOLDING, L.L.C.

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: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive 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.

| Name of the limited liability company: AMEDISYS HOLDING, L.L.C. AMEDISYS HOLDING, L.L.C. | | | | | | |
|--|---|--|--|---|---|--|
| 2. (| a) | 3854 American Way Suite A | { | b) | 3854 American Way Suite A | |
| (| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - (| / | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | BATON ROUGE, LA 70816 | _ | | BATON ROUGE, LA 70816 | |
| | | 11/18/2009 | _ | | M09000004553 | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | |
| 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 | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A. | 2 | | | |
| | | | | | | |
| | | PLANTATION, FL | 33324 | | | |
| (| (b) Enter name of NEW Registered Agent and/or NEW Registered Of Corporation Service Company | | | ddi | | |
| | | NEW Registered Office Address: | | | | |
| | | 1201 Hays Street | | | <u> </u> | |
| | | | | | | |
| | | Tallahassee, FL | 32301 | | | |
| char ager was the a Signal I he prov | nge 11 w /we artic goat greb visie obli | mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liable at authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable under the appointment as registered agent and agree on a statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address, I he is a provided in the registered office address, I he is a provided in the registered office address, I he is a provided in the registered of the proper and complete provided in the registered of the proper and complete | egister ility co the lin mited Jill e to acc erform for in (rreby co | red on nit lia Ci ch on | d office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company. Cilmi, Authorized Person Printed or typed name of signee in this capacity. I further agree to comply with the nace of my duties, and I am familiar with and accept thapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been | |
| Sign | atur | TO ROUGH CON CONTRACTOR OF THE PARTY OF THE | CITAC | ·C | E. Kirby, Asst. Vice President | |