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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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OCT 0 9 2014 T. CARTER





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Dana Steele dsteele@cscinfo.com

Date: September 24, 2014

Order#: 311415-005

Re: HEALTH CARE NAVIGATOR LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX\_ Check in the amount of \$25 .

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: Dana Steele

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.	Na	ame of the limited liability company	: HC NAVIG	ATOR	R, LLC				
2.	(a)				(b	<b>)</b>			
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				mpany: BOX)
		4 West Red Oak Lane Ste. 201			4 West Red Oak Lane Ste. 201				
		White Plains	White Plains NY 10604			White Plains, NY 10604			
_		03/01/2010			_	M100000			
3.		Date of filing/registration	in Florida		4.		Document number		
5.	(a)	Capitol Corporate Services, Inc.							
٥.	(=)	Registered Agent and Registered Office she		ds of th	e Florida	Dept. of State	- e:		
		155 Office Plaza Drive Ste. A							
		Registered Office Address (MUST BE	<del></del>	_					
		<u></u>			<i></i>	•			
						<del>.</del>	-		
		Tallahassee		. FL	32301			7	AE SE
				.,	02001		-	SEP	CR KA
	(b)	Corporation Service Company							포전지
	(0)	Enter name of NEW Registered Agent and	d/or NEW Regist	tered C	Office add	ress:	-	26	SSR
								PH	ù ⇔ B
		1201 Hays Street							S
		NEW Registered Office Address:				<del></del>	•	<u>မ</u>	₽¥
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		Tallahassee		, FL_	32301		_		
If :	ha I	imited liability company is not once	ماء سمام ساء ما	. 1	f +h	Canto of Tilo		- C' J 41-	_4 _6
the	cha	imited liability company is not organge or changes are made, the Florid	a street addres	s of t	he regis	tered office	and the business of	nirmed in fice of the	at after registered
ag	ent v	vill be identical. Or, in the case of a	Florida limite	ed liab	oility co	mpany, it is	s hereby confirmed th	hat the cha	ange(s)
wa the	is/we e arti	ere authorized by an affirmative vote cles of organization or the operating	of the member agreement of	ers of The li	tne Iimi imited li	ted hability	y company or as othe	rwise pro	vided in
			,			-	•		
	Signat	ture of a member or authorized representativ	e of a member	•	Dona	Priebe, Ai	uthorized Person Printed or typed name o	f signee	
	-	by accept the appointment as registe		l aarea	a to ant	in this can	<b>71</b>		la anith tha
pro	ovisi	ons of all statutes relative to the pro	pper and comp	lele p	erforma	in this capt ince of my o	duties, and I am fami	iliar with	y with the and accept
tne 10	nere mere	ons of all statutes relative to the pro- igations of my position as registered ly reflect a change in the registered	l agent as pro l office addres	vided s, I hè	for in C ereby co	napter 603 nfirm that i	, F.S. Or, if this doc the limited liability c	ument is t company h	being filed as been
no.	tifiec	i in writing of this change.	_					1	
<u>C.</u>		Signi august			<b>D.</b>				
SI	gnatui	re of Registered Agent Corporation Ser	rvice Compai	ny	BY: Sy	Ivia Quepj	pet, Asst. Vice Pres	sident	