## M100000002387

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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K. SALY OCT -7 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: September 30, 2016

Order#: 296677-021

Re: AHC/ALS FM HOLDING COMPANY, 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:

Wilmington, DE 19808

Attn: Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400

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	me of the limited liability company: AHC/ALS FM HO	OLDING	COMPAN	Y, LLC		
2. (	(a)	111 WESTWOOD PLACE  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)		
		SUITE 400	_				
		BRENTWOOD, TN 37027	<del>-</del>				
_		05/27/2010		M100000			
3.		Date of filing/registration in Florida	4.	•	Document number		
5.	(a)	CT 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 ADDRESS)							
		PLANTATION , FL_	33324		TALLAHASS		
(	(b)	Corporation Service Company			35 4 F		
ì		Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>lress</u> :	Ro I		
		400441 01 1			75		
		1201 Hays Street  NEW Registered Office Address:			PH P: 09		
		Tallahassee ,FL	32301		-		
the age: was the	chant work we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lucure of member or authorized representative of a member	the regis bility co f the lim imited l	tered office mpany, it is ited liability iability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
	_						
pro the to n noti	visie obli iere fied	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete proper and complete properties of my position as registered agent as provided by reflect a change of the registered office address, I have the properties of the properties of the properties of the properties of Registered Agent Corporation Service Company	performa I for in C ereby co	ance of my Chapter 605 Infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept is, F.S. Or, if this document is being filed the limited liability company has been rby, Assistant Vice President		
		\ ',					

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