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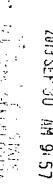
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Ви | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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J. SAULSBERRY EXAMINER

OCT 3 2013

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: | ERVICES OF WINSTON SALEM, LLC | |
| Name of Lin | nited Liability Company . | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Offi | ice Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this | is matter to the following: | |
| TEDDY DUNCAN | | |
| TERRY DUNCAN | <u> </u> | |
| Name of Person . | 5757 N | |
| AIA, LLC | | |
| Firm/Company | | |
| 2650 MCCORMICK DR ST | E 200S | |
| Address | | |
| CLEARWATER, FL 3375 | 9 | |
| City/State and Zip Code | | |
| TDUNCAN@AIASVCS.C | | |
| E-mail address: (to be used for future annual report noti | fication) | |
| For further information concerning this matter, | please call: | |
| TERRY DUNCAN | 727 <u>216-0859</u> | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations P.O. Box 6327 | |
| Clifton Building 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| Tallahassee, Florida 32301 | | |
| Enclosed is a check for the following | amount: | |
| ■ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | |

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.

| 1. Na | me of the limited liability company: AMERI-LIFE HEALTHS | ERVICES OF WINSTON SALEM, LLC | | | |
|---|---|--|--|---|-------------------------------|
| 2 (a) | Principal office address of limited liability company | • 4375 SILAS CREEK PARKWAY | 2013 | | |
| 2. (u) | (Note: MUST BE STREET ADDRESS) | WINSTON, NC 27104 | , | | |
| | | | <u> </u> | 1 | <u> </u> |
| (b) | Mailing address of limited liability company: | 2650 MCCORMICK DR STE 200S | | 3 | , |
| (<u>Note: MAY BE POST OFFI</u> | (Note: MAY BE POST OFFICE BOX) | CLEARWATER, FL 33759 | · Jam's | 7 | |
| | | | | | |
| 10/13/20 | 010 | M10000004529 | | ري وي | |
| 3. Da | te of filing/registration in Florida | 4. Document number | 5.77 | | |
| 5. (a | Registered Agent and Registered Office shown on the Registered Agent: | he records of the Florida Dep | t. of Sta | ate: | |
| | Rogistered Agent. | | | | |
| | Registered Office Address: | 2650 MCCORMICK DR STE 200S | 1 4 | | |
| | | CLEARWATER, FL 33759 | | | |
| • | | <u> </u> | ٠, | | _ |
| | | | 4 | 1 | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | V Registered Office address | <u>:</u> | ; | |
| | NEW Registered Agent: | HIGHTOWER, R. NATHAN ESQ | | - ; | |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2650 MCCORMICK DR STE | 55 | <u>.</u> | |
| | (MUST BE FLORIDA STREET ADDRESS) | CLEARWATER | ,FL 33 | 759 | |
| confir and th liabili the me the op | limited liability company is not organized under the larmed that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating as soment of the limited liability company. | aws of the State of Florida, it orida street address of the regical. Or, in the case of a Floriwas/were authorized by an age provided in the articles of o | is herel istered da limi ffirmati organiza | office ted ve vo ution o | e te of or |
| TIMOTH | Y O NORTH | | | | |
| | or typed name of signee | - | | | |
| ソン | eby accept the appointment as registered agent and agent with the provisions of all statutes relative to the profiam familiar with and accept the obligations of my poster 608, F,S Ot, if this document is being filed to mer still the confirm that the limited liability company are of Registered Agent | ree to act in this capacity. I per and complete performan ition as registered agent as p ely reflect a change in the re has been notified in writing | further ce of my provided gistered of this c | agree dutie l for i l offic chang | e to es, n ee ee. |

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