| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | ÷#) |
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HEALTHSTAT PENSACOLA, LLC

TYPE OF FILING: NAME CHANGE AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE Cobie Hocke

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. Name of the limited liability company: | HEALTHSTAT PENSACOLA, LLC |
|--|--|
| 2. (a) Principal office address of limited liabi | lity company: 4651 Charlotte Park Drive |
| (Note: MUST BE STREET ADDRE | Suite 300 |
| | Charlotte, NC 28217 |
| (b) Mailing address of limited liability con | npany: 4651 Charlotte Park Drive |
| (Note: MAY BE POST OFFICE BO | Suite 300 Charlotte, NC 28217 |
| | Charlotte, NC 28217 |
| June 6, 2011 | M11000002875 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office | ce shown on the records of the Florida Dept. of States |
| Registered Agent: | CT Corporation System |
| Registered Office Address: | 1200 South Pine Island Road |
| | Plantation, Florida 33324 |
| (b) Enter name of <u>NEW Registered Agen</u> <u>NEW Registered Agent:</u> | t and/or NEW Registered Office address: National Corporate Research, Ltd., Inc. |
| | 155 Office Plaza Drive |
| <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADI</u> | DRESS) |
| | Tallehassee ,FL 32301 |
| confirmed that after the change or changes are and the business office of the registered agent | ed under the laws of the State of Florida, it is hereby e made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote by or as otherwise provided in the articles of organization lity company. |
| SUAN KINZLER Printed or typed name of signee | •• |
| 15 In | d agent and agree to act in this capacity. I further agree to live to the proper and complete performance of my duties, ions of my position as registered agent as provided for in inglied to merely reflect a change in the registered office illty company has been notified in writing of this change. |
| Signature of Registered Agent Lucy Rose Assi | |
| • • | P.O. Box 6327, Tallahassee, FL 32314 ING FEE: \$25.00 |