

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002889053)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (614) 280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC REGISTERED AGENT CHANGE VALESCENT HEALTH LLC

Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT NOV 2 8 2016

## 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.

. (a)	Principal office address of limited liability company:		(b)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		\ · / <u></u>	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	oany: OX)
	6050 Sprint Parkway Suite 500		26	6220 ENTERPRISE COURT	_
	Overland Park, KS 66211-1118  08/15/2011		LAKE FOREST, CA 92630 M11000004070		
	Date of filing/registration in Florida	4.		Document number	
. (a)					
(u)	Registered Agent and Registered Office shown on the records of C T Corporation System	the Flori	da Dep	ept. of State:	
	Registered Office Address MUST BE FLORIDA STREET.	40000	CAN		
	1200 South Pine Island Road	40DILL	<u>3-37</u>	ds :5	
	· · · · · · · · · · · · · · · · · · ·				-11
	Plantation , FL	33324			
	•			- TSE 1	3 1
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress	F.S.	FILED WITH 13
			7	FLO	===
	NRAI Services, Inc.			第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	<u></u>
	NEW Registered Office Address:				<b>U</b> -
	1200 South Pinc Island Road			···	
	Plantation , FL	33324			
the l	limited liability company is not organized under the lav ange or changes are made, the Florida street address of	vs of th	e Stat	ate of Florida, it is hereby confirmed that	after
ent v	will be identical. Or, in the case of a Florida limited lis	ability o	compa	pany, it is hereby confirmed that the chan	2C(S)
as/w ie ayt	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	i the ii limited	mitea Hiabil	d hability company or as otherwise provi pility company.	aca in
儿	telesce Relar	Me	elissa :	Nolan	
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee	
here rovis je obj	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to a perfori al for in biorako	et in to mance Chap confir	this capacity. I further agree to comply ce of my duties, and I am familiar with ar apter 605, F.S. Or, if this document is be irm that the limited liability campany ha	with the d accep ing file : heen

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