

M120000001911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600245553636

04/01/13--01004--015 \*\*25.00

FILED  
RECEIVED  
DEPARTMENT OF STATE  
2013 APR - 1 AM 9:52  
13 APR - 1 PM 1:28  
TALLAHASSEE, FLORIDA

APR - 2 2013

J. BRYAN

April 1, 2013

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

**FILED**  
2013 APR -1 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 8714228 SO  
Customer Reference 1: 128019.1  
Customer Reference 2: Trellis Healthcare Chg RA

Dear Department of State, Florida:

Please obtain the following:

Trellis Healthcare Consulting, L.L.C. (CO)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**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: Trellis Healthcare Consulting, L.L.C.

2. (a) Principal office address of limited liability company: 10543 Serengeti Drive  
(Note: **MUST BE STREET ADDRESS**) Littleton, CO 80163

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

04/02/2012

3. Date of filing/registration in Florida

M12000001911

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Paracorp Incorporated

Registered Office Address:

236 E. 6th Avenue  
Tallahassee, FL 32303

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Clint Davis  
Signature of a member or authorized representative of a member

Clint Davis, Vice President and Secretary  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: C T Corporation System  
Signature of Registered Agent

Howard L. Volz  
Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00