

M13 00000 1336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

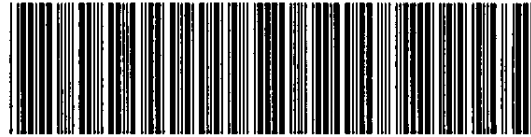
(Business Entity Name)

(Document Number)

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STATE OF  
ILLINOIS

2014 JAN 22 PM 1:04

FILED

JAN 27 2014

T CLINE



CORPORATION SERVICE COMPANY

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes aholmes1@cscinfo.com

Date: January 20, 2014

Order#: 966468-003

Re: CONNECTEDHEALTH, 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:

Attn: Anthony Holmes  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

- 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.

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FILED  
2014 JAN 22 PM 1:04  
WILMINGTON, DE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114, 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: CONNECTEDHEALTH, LLC

2. (a) Principal office address of limited liability company: 3239 N. HOYNE AVE.  
(Note: **MUST BE STREET ADDRESS**)

CHICAGO IL 60618

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

03/01/2013

3. Date of filing/registration in Florida

M13000001336

4. Document number

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

Registered Agent:

INCCORP SERVICES, INC.

Registered Office Address:

17888 67TH COURT NORTH

LOXAHATCHEE FL 33470

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

**NEW** Registered Agent:

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee FL 32301

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.

[Signature]  
Signature of a member or authorized representative of a member

/s/ Dona Priebe Authorized Person

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 605, 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: [Signature]

Signature of Registered Agent Corporation Service Company /s/ Sylvia Queppet Assistant Vice President

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

**FILING FEE: \$25.00**