M1300000157

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(De	ocument Number)	
(50	ourners rearries,	
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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T. II. METON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: October 24, 2013

Order#: 853925-033

Re: NATIONAL HEALTHCARE REVIEW, 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: Alex Smetana

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.

QUCA.XCOA

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.

B,,,	
1. Name of the limited liability company: NATIONAL	HEALTHCARE REVIEW, LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 3200 N. Central Avenue Suite 1000 Phoenix, AZ 85012
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3200 N. Central Avenue Suite 1000 Phoenix, AZ 85012
03/12/2013	M13000001573
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office showr	on the records of the Florida Dept. of State:
Registered Agent:	Incorp Services, Inc.
Registered Office Address:	17888 67th Court North Loxahatchee, FL 33470 PS
(b) Enter name of NEW Registered Agent and/or	
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the change the members of the limited liability company or as oth the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
Dona Priebe, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statules relative to th and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to ne proper and complete performance of my duties, ny position as registered agent as provided for in o merely reflect a change in the registered office npany has been notified in writing of this change.
By: Mace Lakeby Signature of Registered Agent Corporation Service Compar	ny Grace E. Kirby, Asst. VP

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