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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: GF HEALTH LLC					
Na	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
Nikita Basdeo					
Name of Person					
Ganot Capital LLL					
Firm/Company					
4601 Sheridan Street, Suite 600					
Address					
Hollywood, FL 33021					
City/State and Zip Code					
nikitab@ganotcapital.com					
E-mail address: (to be used for future a	nnual report notification)				
For further information concerning this matte	er, please call:				
Nikita Basdeo	954 985-2400				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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.

. Na	me of the limited liability company: GF HEALT	H LLC	
. (a)	4601 Sheridan Street, Suite 600	4	601 Sheridan Street, Suite 600
. (/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hollywood, FL 33021	н	Iollywood, FL 33021
		<u> </u>	
	06/06/2013	M	13000003589
	Date of filing/registration in Florida	4.	Document number
. (a)	CT Corporation		
	Registered Agent and Registered Office shown on the records	of the Florida Dep	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	1200 South Pine Island Blvd		
	Plantation	_{FL} 33324	
(b)	Etan Mark		P P
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addres	
	Mark Migdal & Hayden		T-1 AM 3: 00
	NEW Registered Office Address:		
	80 SW 8th Street, Suite 1999		
	Miami	_{FL} 33130	
ne cha gent w as/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the control of the cont	s of the registered liability comp rs of the limited	red office and the business office of the registere bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	Mawey fucktions of a member of a member	Harve	y L. Lichtman
Signat	ture of a member of authorized representative of a member		Printed or typed name of signee
lierel rovisi he obl o merc	by accept the appointment as registered agent and comploins of all statutes relative to the proper and comploigations of my position as registered agent as provely reflect a change in the registered office address.	agree to act in . ete performanc ided for in Cha , I hereby confi	this capacity. I further agree to comply with the re of my duties, and I am familiar with and acce upter 605, F.S. Or, if this document is being file from that the limited liability company has been

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

notified in writing of this change.

Signature of Registered Agent