M13000004803

(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:			





100256660401

02/13/14--01023--001 **25.00

2014 FEB 13 PM 12: 10
SECRETARY OF STATE

FEB 1 4 2013 T. HAMPTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: February 11, 2014

Order#: 979671-007

Re: CHS HEALTH SERVICES, 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: Lindsey Lockard

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 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: CHS HEALTH SERVICES, LLC			
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5500 MARYLAND WAY SUITE 200		
(Note: MUST BE STREET ADDRESS)	BRENTWOOD	TN 37027	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
07/31/2013	M13000004803		
3. Date of filing/registration in Florida	. Document number		
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept.	of State:	
Registered Agent:	CT CORPORATION SYSTEM		
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION F	L 33324	
NEW Registered Agent: NEW Registered Office Address: (MUST RE FLORIDA STREET ADDRESS)	Corporation Service Company 1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	.FL 32301	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a sember or authorized representative of a member Dona Priebe, Authorized Person Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisional I am familiar with and accept the obligations of my post. Chapter 605, F.S. Or, if this document is being filed to meroaddress, I hereby confirm that the limited liability company By:	was/were authorized by an affice provided in the articles of organized in this canacity.	tered office a limited mative vote of ganization or	
	Grace E. Kirby, Asst Vice Pres	sident	