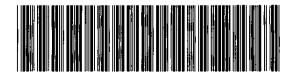
# 11300000721

(Request	or's Name)	
(Address)	<del></del>	·
(Address)		
(City/Stat	e/Zip/Phone #)	
P!CK-UP	WAIT	MAIL
(Business	Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Filing	Officer:	

Office Use Only



700311665837

AH 8: 49

J. LEGGETT APR 1 3 2018



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: 4/12/2018	Accounts. 120000000000
Name: Merritt Knickle	
Reference #:B100476	
Entity Name: REPUBLIC HEALTH RESOURCES, LL	<u>c</u>
Articles of Incorporation/Authorization to Transact Busine	ess
☐ Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$ 25	
Authorized Amount: \$25 Signature:	

#### @CORPORATE HQ

COGENCY GLOBAL INC. 10 E 40<sup>14</sup> ST, 10<sup>14</sup> FL NY, NY 10016 800.221.0102 +1.212.947.7200

#### @EUROPEAN HQ

COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTRY 980:02/12
6 BEVIS MARKS, 19TFL LONDON EC3A 78A +44 (0)20,3786,1090

#### @ ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED A HONG KONG HM-TED COMPANY INFINITUS PLA7A, 12<sup>1M</sup> FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

### **COVER LETTER**

Division of Corporations	
SUBJECT: REPUBLIC HEALT	RESOURCES, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ring this matter to the following:
SHIRLEY ENNIS	
Name of Person	
REPUBLIC HEALTH RESOURCE	ES, LLC
Firm/Company	
290 E. JOHN CARPENTER FREE	EWAY
Address	
SUITE 1200	
City/State and Zip C	Code
IRVING, TEXAS 75062	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this	matter, please call:
Shirley Ennis Name of Person	at ( <u>888</u> ) <b>442 · 8818</b> Area Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the fol	lowing amount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

I. Na	me of the limited liability company:	EALTH RESOL	URCES, LLC	
	REPUBLIC HEALTH RESOURCES, LLC	(b) REPUBLIC HEALTH RESOURCES, LLC		
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited lia (Note: MAY BE POST O	
	290 E. JOHN CARPENTER FREEWAY	290 E.	JOHN CARPENTER	FREEWAY
	STE 1200	STE 1	200	
	IRVING, TEXAS 64062	IRVING	6, TEXAS 64062	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	11/14/2013; DOCUMENT NUMBER M13000	0007214		
). ( <b>L</b> )	Registered Agent and Registered Office shown on the records of t	he Florida Dept, of St	late:	
	NRAI SERVICES, INC.		<del></del>	2
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	ALL SEC	2018
	1200 SOUTH PINE ISLAND ROAD			APR TI
	PLANTATION , FL	3324	ASSET	2
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	FLORIN	6.1.8
	COGENCY GLOBAL INC.		চ	W
	NEW Registered Office Address:		<del></del>	
	115 N. CALHOUN ST, SUITE 4	·	<del></del>	
	TALLAHASSEE .FL	32301		
the cha agent v was/wo the arti Signal I herei provisi ihe obli	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the under of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change.	the registered off ability company, is of the limited liability company. It is limited liability company. Shirt	ice and the business office t is hereby confirmed that lity company or as otherwompany.  Primed or typed name of signature.	e of the registered the change(s) vise provided in gace