

M1300007424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

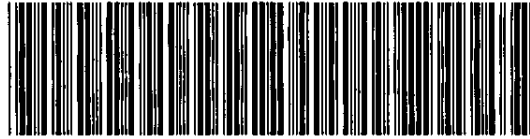
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

[Signature]
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**Statement of Change of Registered Office
or Registered Agent or Both for Limited
Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

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

DATE: 12/26/2014
STATE: FLORIDA
REP UNIT: UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #25726 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



13-36658P

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.

1. Name of the Limited Liability Company: UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES, LLC

2. (a) 700 Windy Point Drive (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
San Marcos, CA 96069 _____

3. 11/22/2013 4. M13000007424
 Date of filing/registration in Florida Document number

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

1201 Hays Street
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Tallahassee, FL 32301

(b) Capitol Corporate Services, Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Dr Ste A
NEW Registered Office Address:

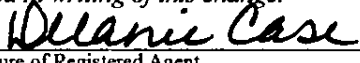
Tallahassee, FL 32301

APPROVED
 AND
 FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

 Robert W. Zentz
 Signature of a member or authorized representative of a member 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.

 Delanie Case, Assistant Secretary on
 Signature of Registered Agent behalf of Capitol Corporate Services, Inc.