M1300008089

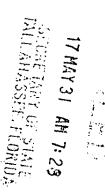
(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)	 		
(Ci	ty/State/Zip/Phone #	9		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Name)		
(De	ocument Number)			
Certified Copies	Certificates o	f Status		
Special Instructions to Filing Officer:				

Office Use Only



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05/31/17--01030--021 **25.00





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscqlobal.com

Date: May 26, 2017

Order#: 635632-110

Re: HCA-SHERIDAN HOLDINGS, 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: Tecora Bell 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 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.

a) .	7700 West Sunrise Boulevard Mailstop PL-6 Principal office address of limited liability company:	_ (b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	Plantation, FL 33322	-		
	12/23/2013		M13000	0008089
	Date of filing/registration in Florida	4.		Document number
a)	C T CORPORATION SYSTEM			
,	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of St	tate:
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	_
				
	PLANTATION , FL	33324		
				<u>≨₽ 3</u>
) .		\n= 1		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office add	<u>lress</u> :	
	4004 11 011			
	1201 Hays Street			
	NEW Registered Office Address:			≅ ≌ ~
	Tallahassee , FL	32301		
16	mited liability company is not organized under the laws	n of the	State of I	—
hai	nge or changes are made, the Florida street address of the	he regis	tered offi	ce and the business office of the registe
t w	ill be identical. Or, in the case of a Florida limited liab	oility co	mpany, it	is hereby confirmed that the change(s)
	re authorized by an affirmative vote of the members of Nes of organization or the operating agreement of the li			
-	Xel & agree			norized Person
nati	are of a member or authorized representative of a member	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Printed or typed name of signee
reb isid bli	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he	e to act erforma for in C ereby co	in this ca ince of m Thapter 60 onfirm tha	spacity. I further agree to comply with y duties, and I am familiar with and ac 05, F.S. Or, if this document is being fi at the limited liability company has bee
ed	in writing of this change.			

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