

11/12/2014 14:42:14 From: To: 8506176380

Division of Corporations

(173)

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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14 NOV 12 PM 4:04

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FAX: (850) 617-6383

**LLC REGISTERED AGENT CHANGE
ENCORE HEALTH RESOURCES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

R-A/RD/ch8
@ 11/13/14

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Encore Health Resources, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Saiji Elder

Name of Person

Quintiles Transnational Corp.

Firm/Company

4820 Emperor Boulevard

Address

Durham, NC 27703

City/State and Zip Code

kim.rose@quintiles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Saiji Elder

Name of Person

at (919) 998-1638

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, 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: Encore Health Resources, LLC
2. (a) Principal office address of limited liability company: 11331 Lamar St.
Subs 1180
Houston, TX 77010
- (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: PO BOX 3109
#24350
Houston, TX 77283
- (Note: **MAY BE POST OFFICE BOX**)

04/22/2014

3. Date of filing/registration in Florida
4. Document number M14000002823

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

Registered Agent:

Incorp Services, Inc.

Registered Office Address:

17888 67th Court North
Loxahatchee, FL 33470

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:C T Corporation System**NEW Registered Office Address:**1200 South Pine Island Road**(MUST BE FLORIDA STREET ADDRESS)**Plantation, FL 33324

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.


 Signature of a member or authorized representative of a member

Michael Seraphin
 Printed or typed name of signer

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 hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Michael Seraphin Michael Seraphin Asst. Secretary
 Signature of Registered Agent

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

DHSHB (12/13)

FILED
 SECRETARY OF STATE
 APR 22 2014
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