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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : 120160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

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

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

FEB 12 2019

A. LUNT

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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:

ENCORE HEALTH RESOURCES LLC

2. (a) 318 Seaboard Lane, Suite 110

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)Franklin, TN 37067(b) 318 Seaboard Lane, Suite 110

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)Franklin, TN 370674/22/2014

3. Date of filing/registration in Florida

M14000002823

4. Document number

5. (a) Capitol Corporate Services, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

992 Davidson Drive Suite BRegistered Office Address (MUST BE FLORIDA STREET ADDRESS)NashvilleFL 37205(b) Capitol Corporate Services, Inc.Enter name of NEW Registered Agent and/or NEW Registered Office address515 East Park Avenue 2nd FlNEW Registered Office Address:TallahasseeFL 32301

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.

Christy S. Green
Signature of a member or authorized representative of a member

Christy S. Green
Printed or typed name of signor

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
Signature of Registered Agent

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

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

DHS18 (2/14)

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