M14000005503

(Re	equestor's Name)					
(Ac	idress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phone #	f)				
PICK-UP	WAIT	MAIL				
(Ви	usiness Entity Name)				
(Document Number)						
Certified Copies	_ Certificates o	f Status				
Special Instructions to	Filing Officer:					
<u> </u>						

100349374081

188545574681 07/31/20-01020-008 #25.00

> FILED 2020 JUL 31 AM 10: 59 SECRETARY OF STATE

Office Use Only

JQ 09/23/20

COVER LETTER.

	istration Section sion of Corporations		
SUBJECT:	Ensemble RCM, LLC		
SUBJECT	Name of L	mited Lia	ability Company
Dear Sir or N	Madam:		
The enclosed	d Registered Agent/Registered Office Cha	nge and f	ce(s) are submitted for filing.
Please return	all correspondence concerning this matte	r to the fo	ollowing:
Hillary Szawa	ala		
	Name of Person		
Ensemble RC	M, LLC		
	Firm/Company		_
13620 Reese	Blvd East, Suite 200		
	Address		 -
Huntersville,	NC 28078		
	City/State and Zip Code		_
hillary.szawal	la@ensemblehp.com		
E-mail	address: (to be used for future annual rep-	ort notific	ation)
For further in	nformation concerning this matter, please	call:	
Hillary Szawa	ala at (248	330-8757
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the following amour	ıt:	
S 2	25 Filing Fee	□ \$55	5 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.

	Iame of the limited liability company:	<u> </u>					. <u>-</u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	11511 Reed Hartman Hwy		11511 Reed	d Hartman Hwy			
	Cincinnati, OH 45241		Cincinnati,	OH 45241			
	August 1, 2014		M140000055	503			
3.	Date of filing/registration in Florida	 4.		Document number			
.							
5. (a)	Registered Agent and Registered Office shown on the record Judson Ivy	ls of the Florid	la Dept. of State	:			
	Registered Office Address (MUST BE FLORIDA STRE		;(r)	202			
	7589 Cordoba Circle					9	·-Ti
	Naples	, FL_34109			LAHASSE	2020 JUL 31	
					35.0 50.	=	
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office a	ddress:		دن	AM 10: 59	O
	Dies in the state of the state	erea Omice a	401 (33 .			59	
	CT Corporation System				• • • •		
	NEW Registered Office Address:						
	1200 S Pine Island Rd						
	Plantation	, FL					
changagent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of	the register d liability c ers of the lit	red office and ompany, it is nited liability	the business office hereby confirmed company or as of	e of the	registe change	red e(s)
Van Wall	<u>.</u>	Va	n Miller				
Sign	ature of a member or authorized representative of a member			Printed or typed name	of signee	-	
I here provis the ob to men notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address ad in writing of this change.	agree to ac lele perforn ided for in s, I hereby c	t in this capa nance of my d Chapter 605, confirm that th	city. I further agr luties, and I am far F.S. Or, if this do he limited liability	ee to con niliar wi ocument compan	nply w th and is bein y has l	ith the accept g filed been

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

Signature of Registered Agent

FL Registered Agent Form

Final Audit Report 2020-07-24

Created: 2020-07-24

By Hillary Szawala (hillary szawala@ensembleho.com)

Status: Signed:

TransactionIO : CBJGHBCAABAASOEuonocxugOz iOUgGYorckOe6eWORUV

"FL Registered Agent Form" History

- Document created by Hillary Szawala (hillary.szawala@ensemblehp.com) 2020-07-24 1:42:08 PM GMT- IP address: 164.68.142.147
- Document emailed to Van Miller (van.miller@ensemblehp.com) for signature 2020-07-24 1:43:48 PM GMT
- Email viewed by Van Miller (van.miller@ensemblehp.com) 2020-07-24 1:58:32 PM GMT- IP address: 104.47.38.254
- Document e-signed by Van Miller (van.miller@ensemblehp.com)

 Signature Date: 2020-07-24 1:59:35 PM GMT Time Source: server- IP address: 66.210.227.34
- Signed document emailed to Hillary Szawala (hillary.szawala@ensemblehp.com) and Van Miller (van.miller@ensemblehp.com)

2020-07-24 - 1:59:35 PM GMT