

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

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

Email Address: _____

**LLC REGISTERED AGENT CHANGE
STUART AL OPERATOR, LLC**

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stuart AL Operator, 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:

Lori Whalen
Name of Person

Registered Agent Solutions, Inc.
Firm/Company

Corporate Center One, 5301 Southwest Pkwy. Ste 400
Address

Austin, TX 78735
City/State and Zip Code

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

For further information concerning this matter, please call:

Lori Whalen888705-7274
Name of Personat ()Area Code & Daytime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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Enclosed is a check for the following amount:

☐ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

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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: Stuart AL Operator, LLC

2. (a) CAPITAL HEALTH GROUP (b) CAPITAL HEALTH GROUP

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1416 Clarkview Road

BALTIMORE, MD 21209

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1416 Clarkview Road

BALTIMORE, MD 21209

11/4/2014

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

5. (a) TRAC - THE REGISTERED AGENT COMPANY

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

236 E.6th Avenue

Tallahassee, FL 32303

(b) Registered Agent Solutions, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2894 Remington Green Ln.

NEW Registered Office Address:

Ste. A

Tallahassee, FL 32308

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.

JSJ Jaclyn Wright
Signature of a member or authorized representative of a member

Jaclyn Wright Authorized Person
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.

Mackenzie Hibler Mackenzie Hibler, Asst. Secretary
Signature of Registered Agent

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