M1400000 8941

(Address)				
(Address)				
(City/State/Zip/Phone #)				
(0.1,) 0.11.11.11.11.11.11.11.11.11.11.11.11.11				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Cartification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Fining Officer.				
·				





700283060697

03/11/16--01033--010 **25.00

SECKLIANT OF STATE
SECKLIANT OF STATE

WAR 16 2016 J. HARRIS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: March 9, 2016

Order#: 037485-095

Re: ENVOY HEALTH MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Grace Kirby

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.

	Name of the limited liability company: ENVOY HE	ALTH MANAGEN	MENT, LLC	
2. (a)	325 W. Atherton Road 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)	
	Flint, Mi 48507			
	12/15/2014	<u>M1</u>	4000008941	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Business Filings Incorporated			
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	·	
	Plantation	, FL <u>33324</u>	16 MAR SECRET	
(b)				
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address:	AN ID: 00	
	1201 Hays Street			
	NEW Registered Office Address:		RIDA RIDA	
	Tallahaasaa	00004		
	Tallahassee	, FL <u>32301</u>		
the ch agent was/v the ar	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	ss of the registered ed liability compar ers of the limited l	I office and the business office of the registered ny, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
	nature of a member or authorized representative of a member	Jill Cilmi,	Authorized Person	
	•		Printed or typed name of signee	
provi. the ol to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp bligations of my position as registered agent as proverly reflect a change in the registered office addressed in writing of this change.	l agree to act in th bleie performance vided for in Chapt s, I hereby confirt	is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been	
Signa	ture of Registered Agent Corporation Service Compar	ny BY: Grace	E. Kirby, Asst. Vice President	