M150000000724

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
_		·				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)				
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
	-					

Office Use Only



300295115703

04/28/17--01017--009 **25.00

17 APR 28 PM 2: 28

4.PM 0.2.2019 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: Tecora Bell tecora.bell@cscglobal.com

Date: April 26, 2017

Order#: 606177-009

Re: DELTA HEALTHCARE TALENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Tecora Bell

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.

OUCA.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.

	1755 WITTINGTON PLACE #175 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b) _	Mailing address of	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	DALLAS	TX	75234-1927			
2	01/28/2015	Carletanatan ta	rı:	—	115000000724	
3.	Date of filing/	registration in	Florida	4.	Document nu	imoer
5. (a)	NATIONAL CORPO					
	Registered Agent and Regis	tered Office show	n on the records of t	he Florida De	pt. of State:	
	115 NORTH CALHO	UN ST. SUITE	4			
	Registered Office Address	(MUST BE FL	ORIDA STREET A	(DDRESS)		
						7
	-					1 2 2
	Tallahassee		, FL	32301		APR
4.	Companyling Consists (>				₹ 100 mm
(b)	Corporation Service C Enter name of NEW Regist		or NEW Registered	Office addres		28
	<u> </u>				<u></u> .	P 220
	1201 Hays Street					
	NEW Registered Office Ad	Idress:				20 E
						••
		<u> </u>				
	Tallahassee		, FL_	32301		
the cha agent v was/wa	inge or changes are mad vill be identical. Or, in	le, the Florida sethe case of a Firmative vote of the operating a	street address of lorida limited lia of the members of greement of the	the register bility comp f the limited limited liab	ed office and the busing pany, it is hereby confi d liability company or	eby confirmed that after ness office of the registered rmed that the change(s) as otherwise provided in