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6/7/2018



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H180001721253ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

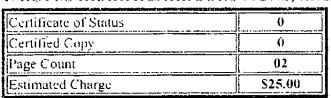
Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* [1]

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE AVECTUS HEALTHCARE SOLUTIONS, LLC



Electronic Filing Menu Corporate Filing Menu

Help

## 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.

2. (a)	no change	(b) no change	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, , , , , , , , , , , , , , , , , , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8/31/2015	M1500000	07046
i.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of		<u></u>
	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	the Florida Dept, of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del></del>
	1201 HAYS STREET		47.
	TALLAHASSEE , FL	32301	PUH-7 AHO 3: AHASSEE TEORIO
			HASS
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	T-7 Anion
	C T Corporation System		
	NEW Registered Office Address:		—·
	1200 South Pine Island Read		_
	Plantation	33324	
	Plantation , FL		_ <del>_</del>
he cha igent v vas (wi	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offinability company, it is the limited liabil limited liability company.	ice and the business office of the register t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	dure of a nyember or authorized representative of a member	Leslie Martin.	
		na ta ant mabie sa	Printed or typed name of signee
i nere irovis he obi o mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It	performance of m performance of m ord for in Chapter 6 hereby confirm the	nkeins. In the large compression with and access 505, F.S. Or, if this document is being file at the limited hability company has been
ющк	ar marining an ameerinance		
	Superation System		Juliuli
	ire of Registered Agent Agent Agent	Alfred Yo Ssistant S	ecretary

FILING FEE: \$25.00