M1600009119

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

Office Use Only



600308275176

01/30/18--01021--005 **25.00



J. LEGGETT

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.	Na	me of the limited liability company: GPS HOSPITAL	ITY PAR	TNERS IV, LLC	7.8.8.	
2 ((a)	2100 RIVEREDGE PARKWAY SUITE 850	(b) 2100 RIVEREDGE PARKWAY SUITE 850			
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing ad	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		ATLANTA, GA 30328	_	ATLANTA, GA 30	0328	
		11/14/2016	_	M16000009119		
3.		Date of filing/registration in Florida	4.	Docume	ent number	
5.	(a)	NATIONAL REGISTERED AGENTS, INC. Registered Agent and Registered Office shown on the records of t	he Florida	——————————————————————————————————————		
		1200 SOUTH PINE ISLAND ROAD		·	· 🚟 💢 👼	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		Registered Office Address - MOST BE TENNION STREET A	(DDKE33)		JAN 30	
		PLANTATION FL	333244	1413		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street NEW Registered Office Address:				
		Tallahassee , FL	32301			
the ager	cha nt w /we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the S/ Jill Cilmi	the regist bility cor f the limi limited li	ered office and the npany, it is hereby ted liability compa	business office of the registered confirmed that the change(s) ny or as otherwise provided in	
Signature of a member or authorized representative of a member			3111 0	Printed or typed name of signee		
I he prov the to to m noti	ereb visio obli nere fied	by accept the appointment as registered agent and agree on so fall statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.	performa I for in C. vereby co	in this capacity. I f nce of my duties, a hapter 605, F.S. () nfirm that the limit	further agree to comply with the nd I am familiar with and accept or, if this document is being filed ed liability company has been	
Sigr	atur	e of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirby, Ass	sistant Vice President	