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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/12/2021	
Name:	Chris Vick	
Referenc	ce #:1302582	
Entity Na	ame: CHENEGA HEALTHO	ARE SERVICES, LLC
☐ Ar	rticles of Incorporation/Authorization to	Fransact Business
	mendment	
V C	hange of Agent	
☐ Re	einstatement	
☐ Cd	onversion	
<u> </u>	lerger	
☐ Di	issolution/Withdrawal	
Fi	ictitious Name	
□ Ot	ther	
Authorize Signature	ed Amount: \$25.00	

F: 800.944.6607

## 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.

r lorid	CHENE	GA HEALTHOA	ARE SERVICES LLC
t. Na	ame of the limited liability company:CHENE		WE SERVICES, LES
2. (a)	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)
	No Change	No	Change
	August 8, 2017		M1700006768
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNISEARCH, INC.		
<i>Σ.</i> (α)	Registered Agent and Registered Office shown on the recor	ds of the Florida Dept	. of State:
	155 OFFICE PLAZA DRIVE		
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)	<del></del>
			<del></del>
	TALLAHASSEE	, FL_32301	·
(b)	COGENCY GLOBAL INC.		(5
(17)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office address:	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	.FL 32301	
the cha agent v was/wa the art	imited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of eter Nosek	ess of the registered and liability compa- pers of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	dure of a member or authorized representative of a member		Printed or typed name of signee
provis the obt to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres d in writing of this change.	d agree to act in the oleite performance ovided for in Chap, ss, I hereby confir	nis 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

/s/ Tim Mayville
Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00

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