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Office Use Only



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CSC - WILMINGTON 251 Little Falls Drive De 19808 Wilmington

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: January 22, 2020

Order#: 140893-008

Re: WHITE OAK HEALTHCARE FINANCE, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25.

Please take the following action:

File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive 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.

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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: WHITE OAK HEA	ALTHCA	RE FINAN	CE, LLC			
2.	(a)	900 THIRD AVE, 18TH FLOOR Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	900 THIRD AVE, 18TH FLOOR Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		NEW YORK, NY 10022	-	NEW YO	PRK, NY 10022			
_		12/01/2017	_	M170000	· · · · · · · · · · · · · · · · · · ·			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	NRAI SERVICES, INC.			_			
		Registered Agent and Registered Office shown on the records of the	ie Florida i	Dept. of State	2:			
		1200 SOUTH PINE ISLAND ROAD			67	~		
		Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)	2020 JAN 24				
	(b)	PLANTATION FL_	33324					
		Corporation Service Company			<u> </u>	PH 3:	U	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:	ATE ATE	$\bar{\omega}$		
		1201 Hays Street						
		NEW Registered Office Address:						
		Tallahassee , FL	32301		-			
the ag	ent v as/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	s of the the the the registry could be the firm the firm in the fi	tered office npany, it is ted liabilits	e and the business office s hereby confirmed that y company or as otherw	of the	registered ange(s)	
		Xie & Come	Jill C	ilmi, Autho	orized Person			
I i pr the to no	here ovisi e obl mer tifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agreed in so of all statutes relative to the proper and complete tigations of my position as registered agent as provided ely reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered of this change.	performa I for in C ereby co	nce of my hapter 605 nfirm that	Printed or typed name of signative I further agree to duties, and I am familiant, F.S. Or, if this documente limited liability comby, Asst. Vice Presidentes	compler with sent is in the sent is in the sent is in the sent is in the sent	ly with the and accept being filed as been	

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					<i>6</i>	; ;	PΗ	iTi	
		PLANTATION	33324		्री . <u>स</u>	MIS E	ન છું 	U	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Of 1201 Hays Street NEW Registered Office Address:	ffice add	ress:					
		Tallahassee FL	32301	-					
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		ture of a member or authorized representative of a member	Jill C	ilmi, Autho	rized Person				
	Signa	ture of a member or authorized representative of a member			Printed or typed name	e of si	gnee		
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