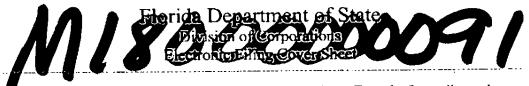
9/19/2019

Division of Corporations



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## LLC REGISTERED AGENT CHANGE RHA HEALTH MANAGEMENT SERVICES, LLC

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o simmons

## 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.

I. Na	ame of the limited liability company: RHA HEALTH M				
2. (a)	Principal office address of limited liability company:			Mailing address o	flimited liability company:
	(Note: MUST BE STREET ADDRESS)  17 Church St.	_	17 Chu		
	Asheviile, NC 28801	_	Ashev	ille, NC 28801	
	01/03/2018		M18000000	091	·
3.	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document nu	mber
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept of Stat	_ ဗ:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>	_	
	TALLAHASSEE , FL	32301-2	525	_	
(b)	C T Corporation System			_	77 77 78 (73
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		19 III
	NEW Registered Office Address:			<del></del>	2 7
	1200 South Pine Island Road				三年 三
		22224	<del></del>		S 08
	Plantation , FL	33324		_	
the chagent was/w	limited 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 livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member why account the appropriment as registered agent and agree	the regi ability c of the lir	ompany, it nited liabili liability co	e and the busi is hereby conf ty company or	irmed that the change(s) as otherwise provided in

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