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From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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LLC REGISTERED AGENT CHANGE RENOVA HEALTH, LLC

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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

7901 4th St N STE 300		(b)	7901 4	th St N S	TE 300		
Principal office address of limite (Note: MUST BE STREE		· · ·		Mailing address (Note: MAY)			-
St. Petersburg FL 3370)2		St. Pete	rsburg FL 3	33702		
05/10/2019		<u> </u>	м1900°0	004817			
Date of filing/registration	n in Florida	4.		Document n	umber		
a) HARPER, JOSEPH				_			
Registered Agent and Registered Office	shown on the records	of the Florida l	Dept, of Stat	e:			
5011 JACKEL CHASE	DR.						
	DR. <u>be florida stree</u>	T ADDRESS)		_	SE TALI	2021	
	BE FLORIDA STREE	TADDRESS)			SECRE T TALL AHA	2020 HAY	 LL
WIMAUMA Northwest Register	BE FLORIDA STREE	ار.33598		-	SECRETARY C TALLAHASSEF	2020 HAY 26	-
Registered Office Address (MUST B	ered Agent	:1, <u>33598</u> LLC		-	SECRETARY OF S TALLAHASSEF, FL	PH	
WIMAUMA Northwest Register	ered Agent	:1, <u>33598</u> LLC		-	SECRETARY OF STATE TALLAHASSEF, FLORIDA		-
WIMAUMA Northwest Registered Agent Enter name of NEW Registered Agent	ered Agent	:1, <u>33598</u> LLC		-	SECRETARY OF STATE TALLAHASSEF, FLORIDA	PH 2:	
WIMAUMA Northwest Registered Agent 7901 4th St N	ered Agent	:1, <u>33598</u> LLC		 	SECRETARY OF STATE TALLAHASSEE, FLORIDA	PH 2:	

d the articles of organization or the operating agreement of the limited liability company.

Morgan Noble

Signature of member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Fraction Glover - Assistant Secretary

Signature of Registered Agent