M19000010099

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to Filing Officer:								
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 5, 2021

Order#: 639480-065

Re: AMEDISYS HOSPICE, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom

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.

QUCA.XCOA

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:AMEDISYS HOSI	PICE, L	L.	.C.	
2	(a)	3854 AMERICAN WAY SUITE A	(b) 3854 AMERICAN WAY SUITE A			
	(u).	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (.	·//	<u> </u>	ited liability company: OST OFFICE BOX)
		BATON ROUGE, LA 70816	- -	E -	BATON ROUGE, LA 70816	
		10/21/2019		_M	119000010099	
 3. 5 	(a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document numbe	r
٠.	()	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	e Florida	a De	ept, of State:	
		Registered Office Address (MUST BE FLORIDA STREET AL				
		PLANTATION	33324			2021
	(b)					• ;
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office ad	dre	<u>288</u> :	 <u>:</u>
		Corporation Service Company				* 2
		NEW Registered Office Address:				7.3
		1201 Hays Street				Ö
		Tallahassee, FL_3	32301			
cha age wa	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line	egistere ility co the lim	ed c omp tite	office and the business office pany, it is hereby confirmed d liability company or as of	ce of the registered I that the change(s)
		- Xel C. Whie	Jill (Ciin	mi, Authorized Person	
I h pro the to i not	ierek ovisie obli mere tifieo	ure of member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided j ly reflect a change in the registered office address. I he l'in writing of this change.	erforma for in C reby co	anc Tha Onfi	Printed or typed name this capacity. I further agrees of my duties, and I am fauter 605, F.S. Or, if this defirm that the limited liability. E. Kirby, Asst. Vice Preside	ree to comply with the miliar with and accept ocument is being filed ocompany has been