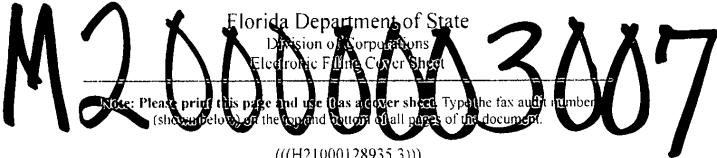
3/31/2021

Division of Corporations



(((H210001289353)))



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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	nme of the limited liability company: PRESS GANEY.	ASSOCI	ATES LEC			
2. (a)		(b)	dailing address of limited lia	L'III	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		٠;	daiting address of firmled that (<u>Note: MAYBE PÓST OF</u>		
	404 COLUMBIA PLACE		404 COLU	MBIA PLACE		
	SOUTH BEND, IN 46601		SOUTH B	END, IN 46601		
	03/17/2020		M20000003	1007		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florie	ia Dept. of State	· 2.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>SS)</u>	-		
	1201 HAYS STREET			_	-,	2021
	TAŁLAHASSEE, FL	32301		_		MAR
.1 \	C T Corporation System				3. 2.—,	$\frac{\omega}{2}$
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address		-	AND SIND	001 MAR 31 AM 10:	
						: 9
	NEW Registered Office Address:			-		
	1200 South Pine Island Road			-		
	Plantation . FI	33324		_		
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be illedited. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the fine reg ability of the li	ie State of Flo sistered office company, it i mited liabilit	e and the business offices hereby confirmed that y company or as otherwingany.	e of the re the chang rise provid	gistered
Signy	nive of a member or authorized representative of a member			Printed or typed name of si	gnee	
provik the bb to met	by accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I rel in writing of this change.	perjor ed for in hereby	mance of my Chapter 60: confirm that	acity. I further agree to duties, and I am familio 5, F.S. Or, if this docun the limited liability con	o comply w ir with and ient is bein ipany has	vith the Laccept ng filed heen
Ву	CT Corporation System () James	es M. H liant Secr				