## M20000009504

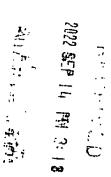
(Requestor's Name)					
<u> </u>	(Address)				
	(Address)				
-	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
<del></del>	(Document Number)				
Certified Copies	Certificates of Status				
Caraial languation at	- Filian Officer				
Special Instructions to	5 Filing Officer:				

Office Use Only



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022 SEP 14 AM 8:55



A. BUTLER SEP 1 4 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195						
REFERENCE	E : 929743 8389171						
AUTHORIZATION	: Synellice roan						
COST LIMIT	r : \$ 25.00						
ORDER DATE : September 7, 20	022						
ORDER TIME : 1:49 PM							
ORDER NO. : 929743-051							
CUSTOMER NO: 8389171							
CHANGE OF AGENT							
NAME: BABYLON HEALTHCARE OF TX, LLC							
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:						
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Bake	er						
I	EXAMINER'S INITIALS:						

## 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	une of the limited liability company:	ALTHCA	RE	E OF TX, L	LC	
2.	(a)	801 RARTON SPRINGS ROAD		(b)	801 BARTON SPRINGS ROAD		
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		()		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		AUSTIN, TX 78704			AUSTIN,	TX 78704	
		10/22/2020		N	M20000009	9504	
3.		Date of filing/registration in Florida	4.		<u>.</u>	Document number	
5	(a)	CT CORPORATION SYSTEM					
٥.	(4)	Registered Agent and Registered Office shown on the records of	of the Florid	ja l	Dept. of State	· •	
		1200 SOUTH PINE ISLAND ROAD					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		PLANTATION	33324				
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddı	ress:		
		Corporation Service Company					
		NEW Registered Office Address:		-			
		1201 Hays Street					
		Tallahassee F	L_32301				
cha aga wa	ange ent w s/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited la re authorized by an affirmative vote of the members ales of organization or the operating agreement of the	e register iability o of the lir	ed om nite	l office and apany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/5	/S/ Jill Cilmi		Jill	Jill Cilmi, Authorized Representative			
S	ignat	ure of a member or authorized representative of a member				Printed or typed name of signec	
 pro the to t	iereb ovisio obli mere	y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to ac e perform ed for in hereby c	t ir ian Ch on	n this capae ice of my de iapter 605, ifirm that th	city. I further agree to comply with the uties, and I am jamiliar with and accept F.S. Or, if this document is being filed are limited liability company has been	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

notified in writing of this change.

Grace E. Kirby, Asst. Vice President

Signature of Registered Agent