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R. WHILE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 19, 2016

Order#: 252930/109

Re: UNITED HEALTH SERVICES OF FLORIDA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	mized under the laws of the State of _	FL	
1. The name of	the corporation: UNITED HEALTH SER	VICES OF FLORIDA, INC.		
	office address: GENS COURT NORCROSS, GA 3009			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 07/30/2003	Document number: P030000	083368	
	d street address of the current registered rtment of State: (If resigned, enter resign		ith the	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL 33324	SECRETION ALLANDE	و مانچوده
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered of		A MONTH
	Corporation Service Company			الرزارا
	1201 Hays Street		\$ 25 \$ 25	
	P.O. Box NO Tallahassee	T acceptable FL 32301		
The street addr	ess of its registered office and the street be identical.		s registered agen	t,
Such change wa authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an obtified in writing of the change.	officer so	
2	e E. Wher	Jill Cilmi, Vice President		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent at to comply with the provisions of all states of the comply with the provisions of all states of the complex with and the detection of the component is being filed merely to refut the corporation has been notified on Service Company	tutes relative to the proper and com accept the obligation of my position flect a change in the registered offic	iplete i as registered	
By: Inc	ice C. Kirbil	08/18/2016		
_	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
	, Asst. Vice President			
1	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

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