

L17000 259895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

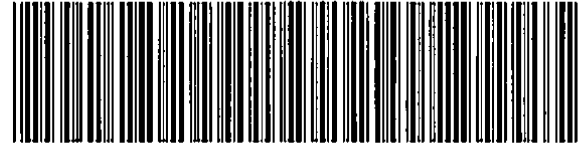
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800331911258

07/25/19--01030--009 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUL 25 PM 6:12

FILED

**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. Name of the limited liability company: ES OPTIMAL HEALTH NETWORK OF FLORIDA, LLC

2. (a) 1301 RIVERPLACE BLVD STE 800 (b) 102 WOODMONT BLVD STE 350  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

JACKSONVILLE, FL 32207 NASHVILLE, TN 37205

3. 12/21/2017 4. L17000259895  
 Date of filing/registration in Florida Document number

5. (a) C T CORPORATION SYSTEM  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 S PINE ISLAND RD  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
PLANTATION, FL 33324

(b) Corporation Service Company  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street  
NEW Registered Office Address:  
Tallahassee, FL 32301

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**JUL 25 PM 6:18**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Hutton Eadie Hutton Eadie, Authorized Person  
 Signature of a 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.*

Grace E. Kirby  
 Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President