*Page; 2 of 3

(((H210000369283)))



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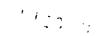
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LLC REGISTERED AGENT CHANGE PRIORITY CARE SOLUTIONS, LLC

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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	me of the limited liability company: PRIORITY CARE	SOLU	—	7.NS, I.LC	<u> </u>			
2.	(a)	Principal office address of limited liability company:	(۱	b) _		ailing address			
		(<u>Note: MUST BE STREET ADDRESS</u>)				(Note: MAY		-	
		440 E SWEDESFORD RD SUITE 1000	_	-	440 E SWEI	DESFORD R	D SUITE	1000	
		WAYNE, PA 19087	_	-	WAYNE, PA	A 19087			
		05/23/2014		N	4140000036	602			
3.		Date of filing/registration in Florida	4.	_	1	Document n	umber		
5	(a)								
٠.	(4)	Registered Agent and Registered Office shown on the records of t CORPORATION SERVICE COMPANY	he Florid	la D	Pept. of State:				
		Registered Office Address	DDRES:	<u></u>					
		1201 HAYS STREET					r.	, <u>v</u>	
		TALLAHASSEE	 32301				₹		
		TALLAHASSEE , FL					•	· · ·	
	(b)	C T Corporation System					•	.) 7	1.2
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldr	<u>ess</u> :		•	:::	(_)
								.*;	
		NEW Registered Office Address:						• •	
		1200 South Pine Island Road							
		Plantation, FL	33324						
the ag wa wh	cha ent v is/wo	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of organization or the operating agreement of the	es of the the regi bility co f the lir limited	istom mit lia	ered office apany, it is ed liability	and the bus hereby conf company o pany.	iness off firmed th	ice of th at the cl	c registered lange(s)
4	SPANA.	fure of I frember or authorized representative of a member				Printed or type	ed name of	signee	
pr the to no By	ovist e obl mero tifieo :	by accept the appointment as registered agent and agrions of all stantes relative to the proper and complete to the registered agent as provide the reflect a change in the registered office address, I famount to this change. C T Corporation System	perforn d for in iereby c	mai Cl con	nce of my d hapter 605, ifirm that th	city. I furth Juties, and I J.S. Or, if he limited li Assistant	am jamu this doct ability ce	uar with iment is impuny	oly with the and accept being filed has been