

448406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

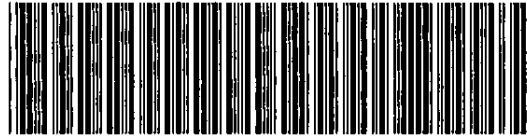
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*W. J.*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 12 PM 12:50

OCT 15 2012  
J. ROBERTS  
OCT 15 2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REHABILITATION SERVICES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 448406

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SONJA H. LESSNE

Name of Contact Person

REHABILITATION SERVICES, INC.

Firm/Company

3415 PELICAN LANE

Address

ORLANDO, FLORIDA 32803

City/State and Zip Code

rehabsvcs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONJA H. LESSNE

Name of Contact Person

at 321 251-6356

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REHABILITATION SERVICES, INC.
2. The principal office address: 3415 PELICAN LANE, ORLANDO, FLORIDA 32803
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/29/1974 Document number: 448406

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROBERT L. LESSNE

9841 S.W. 100th AVENUE

MIAMI, FLORIDA 33176

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT L. LESSNE


3415 PELICAN LANE

P.O. Box NOT acceptable


ORLANDO, FLORIDA 32803

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Robert L Lessne  
Signature of an officer or director Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 10/3/12  
Signature of Registered Agent Date

If signing on behalf of an entity:

Robert L Lessne  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

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SECRETARY OF CORPORATIONS  
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