

FOOOOOOO 5528

Florida Department of State
Division of Corporations
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To:
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Account Name : C T CORPORATION SYSTEM
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Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
GULF COAST REHAB EQUIPMENT, INC. *******

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Gulf Coast Rehab Equipment, Inc.
- 2. The principal office address: 805 Brook St Suite 402
Rocky Hill, CT 06067
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 10/03/2000 Document number: F000X0005528
- 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)

REGISTERED AGENTS INC.
7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702

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 DIVISION OF CORPORATIONS

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

/s/TIMOTHY CASEY

TIMOTHY CASEY, SECRETARY

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.

C T Corporation System



11/06/2023

By:

Signature of Registered Agent

Date

If signing on behalf of an entity:

SEAN L. EMERICK, ASSISTANT SECRETARY

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 (04/13)