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ACCOUNT NO. : I2000000195

REFERENCE : 131878

AUTHORIZATION : (

COST LIMIT : \$ \$5.00

ORDER DATE: March 15, 2012

ORDER TIME : 10:24 AM

ORDER NO. : 131878-015

CUSTOMER NO: 7877128

CHANGE OF AGENT

NAME:

THE WRIGHT REHABILITATION

SERVICE, INC.

						\sim $-$	
TIEASE.	RETURN	THE	FOLLOWING	AS	PROOF	OF.	FILLING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cl	hange is submitted for a corporation org	ganized under the laws of the State of Georgia ristered agent, or both, in the State of Florida.
1. The name o	of the corporation: THE WRIGHT RE	HABILITATION SERVICE, INC.
	al office address: 213 River Park Nor	
3. The mailing	address (if different):	
4. Date of inco	orporation/qualification: April 22, 200	Document number: F0900001641
	nd street address of the current registered artment of State:	d agent and registered office on file with the
	NRAI Services, Inc.	
	515 E. Park Avenue	TARE T
	Tallahassee FL 32301	RETURN C
6. The name an (if changed)		SECRETARY OF STATE of the second of the seco
	Corporation Service Company	2
	1201 Hays Street	
	(P.O. Box NOT accepta	able)
	Tallahassee, FL 32301	
The street add as changed wi	ress of its registered office and the stre ll be identical.	eet address of the business office of its registered agent,
Such change vauthorized by	was authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.
Muc	ature of an officer or director	Maureen Cathell, Vice President
I hereby accep I further agree of my duties, a document is be corporation he	nt the annointment as registered agent	tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the
By:	Mul Screen Company	March 21, 2012
	Signature of Registered Agent)	(Date)
If signing on b	pehalf of an entity:	
Grace E. Kir	by, Assistant Vice President	
	(Typed or Printed Name)	

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