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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Relabilitation Placement Consultants, Inc Name of Corporation
DOCUMENT NUMBER: 64982/
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:
Richard Celestino Name of Contact Person
Rehabilitation Place Mont Consultants, Inc
301 Yamato Road Svite 1240
Bora Raton, Florida 33431
City/State and Zip Code Cele I bellsouth Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Chard Celestino at (561) 375-8045 Name of Contact Person 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 Placement Consultants Inc
2. The principal office address: 30/ Yamato Road, Suite 1240
Bora Raton FLorida 33431
3. The mailing address of different): P.O. Box 272 979
Borakaton, Florida 33427-2979
4. Date of incorporation/qualification: <u>07/25/1983</u> Document number: <u>649821</u>
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)
Richard B. Bartin
The Law offices of Richard B. Burkin
551 NW 77th Street, Svite 211 Breaker Fil 33
6. The name and street address of the new registered agent (if changed) and /or registered affice (if changed):
Richard B. Barkin
Telawoffices of Richard B. Barkin
5550 Glades Road, Svite 500, Boarlaton, Fl 3343/
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.
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 fluties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this abcument 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.
Signature of Registered Agent S/8/19 Date
If signing on behalf of an entity:
Richard Celestino Typed or Printed Name
Typed of France Maine

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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