T.	36457
(Requestor's Name) (Address)	100308404571
(Address) (City/State/Zip/Phone #)	01/23/1801024004 **35.09
(Business Entity Name) (Document Number)	
ertified Copies Certificates of Status	AH 29 Ki
Special Instructions to Filing Officer:	
Office Use Only	JAN 31 2019
	C1:25 1 8 11.4L

COVER·LETTER

MID JAH CO Ait Amendment Section TO: **Division of Corporations** SUBJECT: Occupational and Rebusilitation Center, Name of Corporation J36457 DOCUMENT NUMBER:

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:

Darlene Tan Name of Contact Person Occupational and Rehabilitation Center, PA 6144 Gazebo Park Place South # 101 Address Jacksonville, FL 32257 <u>darkened.</u> tan D <u>gmail</u>. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>904</u>) <u>260-3011</u> Area Code & Daytime Telephone Number ACHENE IAN Name of Contact Person

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

CR2E045 (03/12)

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: <u>Occupational and Rehability tion Center</u> 14 2. The principal office address: <u>6144</u> <u>Guzebo Park Place Sarth</u> , <u>Suitc 101</u> <u>Jacksonville</u> , FL 32757
2. The principal office address: 6144 Guzebo Park Place Sarth,
Suite 101 Jacksonville, FL 32757
3. The mailing address (if different): <u>SqME QS Q60VE</u>
4. Date of incorporation/qualification: <u>10/01/1986</u> Document number: <u>J36457</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) <u>Nesigned</u>
<u>resigned</u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Darlene Tan
Darlene Tan 6144 Gazebo Park Place South, Suite/0/ P.O. Box NOT acceptable
Jacksonvilly, FL 32257

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.

Лt. gnature of an officer or director

rinted 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 dutics, 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.

ignature of Registered Agent

/2018

If signing on behalf of an entity:

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)