

L060000027581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

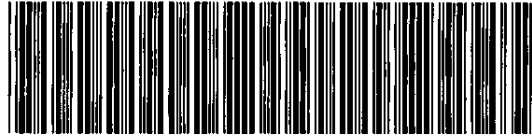
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900260731809

06/04/14--01019--001 \*\*25.00

RA  
change

FILED  
2014 JUN -4 PM 4:24  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

DR  
6/16/14



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: June 2, 2014

Order#: 155323/016

Re: ELITE REHABILITATION OF FLORIDA LLC

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: ELITE REHABILITATION OF FLORIDA LLC

2. (a) 4 W. Red Oak Lane, Suite 201 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

White Plains NY 10604

3. 03/15/2006 4. L06000027581  
Date of filing/registration in Florida Document number

5. (a) CAPITOL CORPORATE SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 OFFICE PLAZA DR STE A  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

TALLAHASSEE, FL 32301

(b) Corporation Service Company  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street  
**NEW** Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Dona Priebe, Authorized Person  
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature] BY: Grace E. Kirby, Assistant Vice President  
Signature of Registered Agent Corporation Service Company

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**

FILED  
2014 JUN -4 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA