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SECRETARY OF STATE
TALLAHASSEE, FEORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Beach Rehab, LLC (Name of	f Limited Lia	bility Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Chan	ge and fee(s) are submitted for fi	ling.
Please return all correspondence concernin	g this matter	to the following:	
Jesus Chavez		· ·	07 D
(Name of Person)			場 二 雪
Beach Rehab, LLC (Firm/Company)			FILED OT DEC 19 AM 11: 02 SECRETARY OF STATE FLOADS
. (Гиписопрану)			STA I: 0
2000 Prairie Key Rd			DA P
(Address)			
West Palm Beach, FL 33406			
(City/State and Zip Code)		*****	
For further information concerning this man	tter, please ca	all:	
Jesus Chavez	at (561	667-5611	
(Name of Person)		(Area Code & Daytime Teleph	one Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: egistration Section division of Corporations O. Box 6327 callahassee, Florida 32314	
Enclosed is a check for the followi	ing amount:		
✓ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

G,,	•••
1. The name of the limited liability of	company is: Beach Rehab, LLC
2. The mailing address of the limited	d liability company is : 2000 Prairie Key Rd
West Palm Beach, FL 33406	
	· · · · · · · · · · · · · · · · · · ·
01-02-2007	L0700000748
3. Date of filing/registration in Flori	da 4. Document number
5. The name of the registered agent a Florida Department of State:	L0700000748 da 4. Document number and the registered office address as shown on the record of the contains and the registered office address as shown on the record of the contains and a Name Rd Address th, FL 33467 City, State and Zip
Amin Sa	naia
	Name SSE
4897 Jog	Rd mg ±
	Address Significant Significan
Lake Wor	th, FL 33467
	City, State and Zip
6. The name and address of the new	registered agent and/or office:
Jesus Cha	avez
	Name
2000 Prair	
Florida st	treet address (P.O. Box NOT acceptable)
West Palm	n Beach FL 33406
	City, State and Zip
confirmed that after the change or ch and the business office of the register liability company, it is hereby confirm	t organized under the laws of the State of Florida, it is hereby anges are made, the Florida street address of the registered office red agent will be identical. Or, in the case of a Florida limited med that the change(s) was/were authorized by an affirmative vote ty company or as otherwise provided in the articles of organization inted liability company.
Amria Ganata	
Amin Sanaia (Printed or typed name of signee)	
	registered agent and agree to act in this capacity. I further agree to uses relative to the proper and complete performance of my duties, e obligations of my position as registered agent as provided for in my is being filed to merely reflect a change in the registered office mited liability company has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00