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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations			
SUBJECT: <u>Jeneral Rehabi</u> Name of Limited 1	litation Center	CLIC	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted t	for filing.	
Please return all correspondence concerning this mat	ter to the following:		
Walter Borjas Name of Person			
General Rehabilitation le	nter UC	2009 SEC	
3105 W Waters Ave	<u>sfe</u> 212	2009 AUG 24 APSECRE FARY OF	
Tampa FL 33614 City/State and Zip Code	1	AM II: 05 OF STATE E. FLORIDA	
General Rehabilitation Center JE-mail address: (to be used for future annual report notification)	ayahoo.com		
For further information concerning this matter, please	e call:		
Walter Borjas at (8	13 877 - 73 Area Code & Daytime Telephone	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following 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. 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or(NEW Registered Office address: **NEW** Registered Agent: **NEW Registered Office Address:** (MUST BE FLORIDA STREET ADDRESS) 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 the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the limited liability company or as otherwise provided in the articles of the liability company or as otherwise provided in the articles of the liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity if urifier agree to comply with the provisions of all statutes relative to the proper and complete performance at my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

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

Signature of Registered Agent