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LARY OF STAFE ASSEE, FLORIDA

B. BOSTICK
DEC - 5 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 443435 4311863

AUTHORIZATION

COST LIMIT

ORDER DATE: December 3, 2012

ORDER TIME : 10:02 AM

ORDER NO. : 443435-055

CUSTOMER NO: 4311863

CHANGE OF AGENT

NAME:

FOX REHABILITATION SERVICES OF

FLORIDA, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER:

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 lia	bility company: FOX REHAB	ILITATION SERVICES OF FLOR	IDA, L.L.C.
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		7: 3850 N.W. BOCA RATON BLV UNIT 3	D
		BOCA RATON, FL. 33431	
	limited liability company: POST OFFICE BOX)	7 CARNEGIE PLAZA CHERRY HILL, NJ 08003	
Sept. 28, 2009		L09000093217	
3. Date of filing/registration in Florida 4		. Document number	
5. (a) Registered Agent Registered Agent:	and Registered Office shown on	the records of the Florida Dept. of S C T CORPORATION SYSTEM	State:
Registered Office Address:		1200 SOUTH PINE ISLAND RO)AD
		PLANTATION, FL 33324	置意
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
<u>NEW</u> Registered	Agent:	Corporation Service Company	To E
NEW Registered (Office Address: RIDA STREET ADDRESS)	1201 Hays Street	2 ***
<u> </u>		Tallahassee ,FL	32001: 6
If the limited hability 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 of a member of authorized representative of a member)			
Tim Fox, Sole Member (Printed or typed name of signee)			
By: (X/M/// be)	17XVVX as	gree to act in this capacity. I furthe oper and complete performance of the astronomial provided for change in the registered office addrights the complete state of the complete of the compl	er agree to ny duties, and l in Chapter 608, ess, I hereby
(Signature of Registered Agent) Corporation Service Company			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (05/08)