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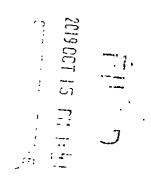
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: October 14, 2019

Order#: 939652/046

Re: ROCK RAPIDS CARE CENTER, 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:Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive 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.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Rotella Legal Group P.A Registered Office Address (NUST RE FLORIDA STREET ADDRESS) 100 SOUTH ASHLEY DRIVE, SUITE 375 TAMPA .FL. 33602 (h) 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 register 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 or authorized representative of a member of the limited liability company. If the provisions of all stantacs relative to the proper and complete performance of my duties, and I am familiar with and accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the order of the proper and complete performance of my duties, and I am familiar with and accept or address of the proper and complete performance of my duties, and I am familiar with and accept or my family of this change.	1. N	ame of the limited liability company: ROCK RAPID	S CARE CE	NTER, LLC
Principal office address of limited liability company: (Nate: MIST BE STREET ADDRESS) BRADENTON, FL 34208-5509 BRADENTON, FL 34208-5509 BRADENTON, FL 34208-5509 Date of filing/registration in Florida Document number 5. (a) Rofella Legal Group P.A Registered Office shown on the records of the Florida Dept. of State: Rotella Legal Group P.A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 100 SOUTH ASHLEY DRIVE, SUITE 375 TAMPA FL 33602 (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 he change or changes are made, the Florida street address of the registered office and the business office of the registered under under the laws of the State of Florida it is hereby confirmed that the change of changes are made, the Florida street address of the registered office and the business office of the registered under under the laws of the State of Florida 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 programization or the operating agreement of the limited liability company. Signature of a glenber or authorized representative of a member of the limited liability company. Signature of a glenber or authorized representative of a member of the limited liability company. Signature of a glenber or authorized representative of a member of the limited liability company. Jill Climi. Authorized Person Printed or typed name of signee Printed or typed name of si	2. (a)	5115 EAST STATE ROAD 64	(b)	5115 EAST STATE ROAD 64
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Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President	Signatur	c of Registered Agent Company Samuel	DV. C	o P. Misha Amira a W. D. C.

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