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(Requestor's Name) (Address) (Address)	200260210382
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	· 05/19/1401035020 **375.00
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COVER LETTER

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Division of Corporations					
Milestone Rehab & Developmer	nt, LLC.				
	Limited Liabi	lity Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee	e(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the fol	lowing:			
Keathel Chauncey, Esq.					
Name of Person					
Fresh Legal Perspective, PL					
Firm/Company					
3802 Ehrlich Road, Suite 308					
Address					
Tampa, FL 33624					
City/State and Zip Code					
contact@BLTFL.com					
E-mail address: (to be used for future annual	report notifica	tion)			
For further information concerning this matter, plea	ase call:				
Keathel Chauncey, Esq.	813	448-1042			
Name of Person		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			
INHS18 (2/14)					

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. Na	ame of the limited liability company: Milestone Re	ehab 8	Deve	velopment, LLC.
2. (a)	19029 Narimore Drive		(b) 19	19029 Narimore Drive
-, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Land O' Lakes, FL 34638		La	and O' Lakes, FL 34638
	07/10/2013		 L13	3000097567
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Fresh Legal Perspective, PL			
. ,	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 16536 N. Dale Mabry Hwy.	'ADDRE	<u>(SS)</u>	E gail
	Tampa	L_3361	8	
(b)	Fresh Legal Perspective, PL Enter name of NEW Registered Agent and/or NEW Registered	ed Office	address:	
	NEW Registered Office Address:			
	3802 Ehrlich Road, Suite 308			
	Tampa , F	L_3362	4	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the regularity of the l	he State gistered compa imited	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signat	ture of a member or authorized representative of a member	_		Printed or typed name of signee
I herel provisi the obl to mere notified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, i I in writing of this change.	zree to a e perfor led for ir l hereby	nct in the mance of Chaps of confirm	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept spter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signatur	TALL STALLING TE Of Registered Agent			
Ke	athel Chauncey, Ese.	_		
, =	Di√ision of Corporations• P.O. FILING I			

INHS18 (2/14)