

8/6/2019

Division of Corporations

H13000124905

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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LLC REGISTERED AGENT CHANGE

REHAB MEDICO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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AUG 07 2019

**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. Name of the limited liability company: REHAB MEDICO, LLC
2. (a) 11419 W. PALMETTO PARK ROAD (b) PO BOX 970172  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- STE A-970172  
BOCA RATON, FL 33428 BOCA RATON, FL 33428
3. 09/03/13 4. L13000124305  
Date of filing/registration in Florida Document number
5. (a) INCORP SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
17888 67TH COURT NORTH  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
LOXAHATCHEE, FL 33470
- (b) Northwest Registered Agent LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4th St N  
NEW Registered Office Address  
STE 300  
St. Petersburg, FL 33702

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 organization or the operating agreement of the limited liability company.

Morgan Noble  
Signature of a member or authorized representative of a member

Morgan Noble

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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 the change.*

Tom Glover Tom Glover - Assistant Secretary  
Signature of Registered Agent