

Florida Department of State

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LLC REGISTERED AGENT CHANGE CARESERVICES OF THE TREASURE COAST, LLC

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Corporate Filing Menu

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Help

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. N	ame of the limited liability company: CARESERVICES	SOFT	HE TREAS	URE COAST, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) BOYNTON BEACH, FL 33426	(b) PO BOX 200 Malling address of limited liability company: (Nate: MAY BE POST OFFICE BOX) AUGUSTA, GA 30903 02			
	02/05/2014	_	L1400002	20501	
3, 5. (a)	Date of filing/registration in Florida REGISTERED AGENT SOLUTIONS INC	4.	-	Document number	
· (u)	Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DRIVE, STE A	he Plorid	da Dept. of St	atc:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>SI</u> .		
	TALLAHASSEE , FL	32301			
(b)	C T Corporation System			14 23 E	
(-)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	ldress:	DV 23 A 8. RETARY OF STA	
	NEW Registered Office Address:			RIE 27	
	1200 South Pine Island Road			, , , , , , , , , , , , , , , , , , ,	
	Plantation , FL ³	13324		<u></u>	
he chan gent wi /as/we	nited liability company is not organized under the laws age or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the limited liable.	he regist oility co the lim	stered offic impany, it i lited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Mily	Emil	ly Lieberma		
hereby covision e obligation merel otified T Cond	re of a member of authorized representative of a member of accept the appointment as registered agent and agree as of all statutes relative to the proper and complete perations of my position as registered agent as provided for reflect a change in the registered office address, I her in writing of this change. The state of Registered Agent	erforme for in C reby co	in this cap ince of my chapter 60: infirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	

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

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT HealthSouth Home Health Holdings, Inc. ("HealthSouth"), a corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Jennifer Kurtz, Melissa Nolan, Emily Lieberman and Nathan Giffin, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the corporation to act for the corporation and in the corporation's name for the limited purposes authorized herein.

The corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Jennifer Kurtz, Melissa Nolan, Emily Lieberman and Nathan Giffin shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this October 57,2015

HealthSouth Home Health Holdings, Inc. A Delaware Corporation

By: Q. P. Name: John P. Whittington

Title: Vice President

State of Alabama County of Jefferson

On <u>Not 5.205</u>, before me, the undersigned, a Notary Public in and for said State, personally appeared <u>Notary Public in and for said State</u>, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official scal.

oren B. Collee Notary Publi

Commission acting: 11-5 2016

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EXHIBIT A

CareSouth Health System, Inc. CareSouth HHA Holdings, LLC CS Health & Wellness CareSouth Private Duty Holdings, LLC CareSouth Hospice, LLC CareSouth Private Duty of Georgia, LLC CareSouth Private Duty of South Carolina, LLC CareSouth HHA Holdings of Dothan, LLC CareSouth HHA Holdings of Valley, LLC CareSouth HHA Holdings of Washington, LLC CareSouth HHA Holdings of Gainesville, LLC CareSouth HHA Holdings of Columbus, LLC CareSouth HHA Holdings of Middle Georgia, LLC CareSouth HHA Holdings of Richmond, LLC CareSouth HHA Holdings of Lexington, LLC CareSouth HHA Holdings of Winchester, LLC CareSouth HHA Holdings of South Carolina, LLC CareSouth HHA Holdings of Panama City, LLC CareSouth HHA Holdings of Tallahassee, LLC CareSouth HHA Holdings of Virginia, LLC CareSouth HHA Holdings of Western Carolina, LLC CareSouth HHA Holdings of the Bay Area, LLC CareSouth HHA Holdings of the Treasure Coast, LLC CareSouth HHA Holdings of North Florida, LLC CareServices of the Treasure Coast, LLC CareServices of Bethesda, LLC CareSouth HHA Holdings of Greensboro, LLC

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