

L15000137261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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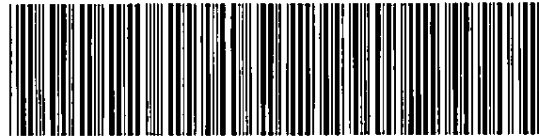
(Business Entity Name)

(Document Number)

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D. SCOTT
FEB 2 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 054403 8143296
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : February 1, 2018
ORDER TIME : 1:19 PM
ORDER NO. : 054403-015
CUSTOMER NO: 8143296

CHANGE OF AGENT

NAME: CLEWISTON NURSING &
REHABILITATION LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

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**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: Clewiston Nursing & Rehabilitation LLC

2. (a) Clewiston Nursing & Rehabilitation LLC (b) Clewiston Nursing & Rehabilitation LLC
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

301 SOUTH GLORIA STREET

400 RELLA BOULEVARD, SUITE 100 & 200

CLEWISTON, FL 33440

MONTEBELLO, FL 10901

08/11/2015

L15000137281

3. Date of filing/registration in Florida

4. Document number

5. (a) LAW OFFICES OF PETER A. LEWIS, P.L.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3023 N. SHANNON LAKES DRIVE SUITE 101

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32309

(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

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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.

[Signature]
Signature of a member or authorized representative of a member

JACOB KARMEL

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 this change.

[Signature]
Signature of Registered Agent Corporation Service Company BY:

Roxanne Turner
Asst. Vice President

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