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| (Re | equestor's Name) | |
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| (Ad | idress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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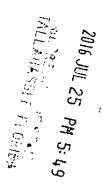
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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Physicians of Rehab Services, LLC. Name of Limited Liability Company | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Sandra Sandhu Name of Person | | |
| Physicians of Rehab Services, LLC Firm/Company | | |
| 420 East Church St, Unit 713 Address | | |
| Orlando, FL, 32801 City/State and Zip Code | | |
| Arsandhug rehabdo. Com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Sandra Sandhu at (608) 216-4474 Name of Person Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section | | |
| Division of Corporations Division of Corporations | | |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | |
| Enclosed is a check for the following amount: | | |
| □ \$25 Filing Fee | | |
| 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. | N | ame of the limited liability company: Physicians of Rehab Servies, LLC. |
|-----------------|-----------------------------|--|
| | | |
| | ` , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) |
| | | 420 East Church St, Unit 713 420 East Church St, Unit 713 |
| | | Orlando, FL, 32801 Orlando, FL, 32801 |
| 3. | | Date of filing/registration in Florida 4. Document number |
| 5. | (a | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | | |
| | | Pine Vine Park FL 33782 |
| | | Pinerlas Park FL 33782 |
| | (h) | The second secon |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | | |
| | | Sandra K Sandhu |
| | | NEW Registered Office Address: |
| | | 420 East Church St, Unit 713 |
| | | Orlando , FL 32801 |
| Ιf | the | limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after |
| the ag wa | e ch ent as/w e ar | lange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company. |
| | | Sandra K Sandhy |
| | _ | ature of a member or authorized representative of a member Printed or typed name of signee |
| pr th to | ovis e ob mei | eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ed in writing of this change. |
| Si | gnat | ure of Registered Agent |