

7/14/22, 3:01 PM

Division of Corporations

**L17000178012**

Florida Department of State  
Division of Corporations  
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**LLC REGISTERED AGENT CHANGE**  
**THE ENCORE AT BOCA RATON REHABILITATION AND NURSING**

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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.

THE ENCORE AT BOCA RATON REHABILITATION AND NURSING

1. Name of the limited liability company: CENTER, LLC2. (a) 180 SYLVAN AVE STE 4Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)ENGLEWOOD, NJ 07632(b) 180 SYLVAN AVE STE 4Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)ENGLEWOOD, NJ 076323. 08/18/2017

Date of filing/registration in Florida

4. L17000178012

Document number

5. (a) REGISTERED AGENTS INC.

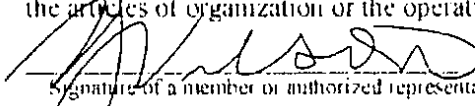
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

7901 4TH STREET NORTH SUITE 300

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ST. PETERSBURG, FL 33702(b) INTERSTATE AGENT SERVICES, LLCEnter name of NEW Registered Agent and/or NEW Registered Office address:100 SE 2ND STREET, SUITE 2000 #209NEW Registered Office Address.MIAMI, FL 33131

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 of a member or authorized representative of a member
Yolie Vilson

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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