1800 C 2761C/

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Chiny Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: RA is not			
in our system.			
-3.011.			

Office Use Only



200387196782

2022 SEP -1 AM 8: 43

A. BUTLER

SEP - 2 2022

COVER LETTER

TO: Registration Section Division of Corporations					
HC Rehab Holdings, LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to	o the following:				
Tsvi Goldstein					
Name of Person					
Platinum Filings LLC					
Firm/Company					
99 West Hawthorne Ave., Suite 408					
Address					
Valley Stream/NY 11580					
City/State and Zip Code					
agent@platinumfilings.com					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please cal	1:				
Tsvi Goldstein 800	263-1553				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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	tame of the limited liability company: HC Rehab H	oldings, LLC	
2. (a)	1000 GATES AVE. BROOKLYN, NY 11221	(b)	000 GATES AVE. BROOKLYN, NY 11221
(,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/20/2019		W000377101
2	Date of filing/registration in Florida		5000276101
3.	Veorp Services, LLC	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the record 1200 S PINE ISLAND ROAD	ds of the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	
		. FL ³³³²⁴	200
	PLATINUM AGENT SERVICES LLC		2022 SEP
	Enter name of NEW Registered Agent and/or NEW Regis	tered Office addres	
	155 Office Plaza Dr		
	NEW Registered Office Address:		M 8: 43
	Tallahassee	_, FL	
chang agent was/v	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the memb ticles of organization or the operating agreement of	f the registered of ed liability comp ers of the limited	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	/s/ Leopold Friedman	Leopolo	d Friedman
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi; the ob to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp pligations of my position as registered agent as pro- rely reflect a change in the registered office addres ed in writing of this change.	l agree to act in solete performanc vided for in Cha ss, I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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

/s/ Steven Friedman

Signature of Registered Agent