U8177500811

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: August 21, 2019	ACCOUNT#. 120000000000
Name: ERIC HOOD	
Reference #:1084736	
Entity Name: INTEGRATED REHAB CONSULTANTS FLORIDA, F	PLLC
Articles of Incorporation/Authorization to Transact Busi	ness
Amendment	
✓ Change of Agent	:: 113
Reinstatement	13 J 1 J 1 J 1 J 1 J 1 J 1 J 1 J 1 J 1 J
Conversion	
Merger	
☐ Dissolution/Withdrawal	-: ' : '
☐ Fictitous Name	
Other	
Authorized Amount: \$25.00	
Signature: Tic Hood	

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.

2. (a)		(1	b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, -	Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change	<u> </u>	No Ch	ange			
	December 3, 2018			L18000277	180		
3.	Date of filing/registration in Florida	4.		Document number		<u>.</u>	
5. (a)	Corporation Service Company						
(-/	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of St	ate:			
	1201 Hays Street						
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRES.	<u> </u>	_	_	2	
						2019	
	Tallahassee, FL	32301	-2525	_		MUG 2	
(b)	COGENCY GLOBAL INC.				•	_	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office ud	dress:	_		£Н 9:	
	115 North Calhoun St., Suite 4						
	NEW Registered Office Address:						
							
	Tallahassee , FL	32301					
if the liv	mited liability company is not appeared at the state of		C				
ne cnai	mited liability company is not organized under the law inge or changes are made, the Florida street address of	the regis	stered offic	re and the husiness of	fice of t	e regi	ctered
igeni w	ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of	bility co	mpany it	is hereby confirmed t	hat the c	hangal	(c)
he artic	eles of organization or the operating agreement of the	limited l	iability co	mpany.	erwise p	rovide	a in
		Jess	ica McCa	arthy			
	are of a member or authorized representative of a member			Printed or typed name of			
o merei	y accept the appointment as registered agent und agre ins of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ee to act performa I for in C ereby co	in this cap ance of my hapter 60 onfirm that	pacity. I further agree duties, and I am Jami 5, F.S. Or, if this doc the limited liability c	e to com iliar with ument is company	ply with and a being has be	th the accept filed een
/s/ Se	an Honan						
signature	of Registered Agent						

Sean Honan, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00