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TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 01/25/2024

Name: Patrice Rush

Reference #: 2238905

Entity Name: POST ACUTE CARE MANAGEMENT SOUTH FLORIDA, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Post Acute Care Management South Florida, 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:

Jessica Black

Name of Person

Medrina, LLC

Firm/Company

7633 E 63rd Pl Ste 355

Address

Tulsa, OK 74133

City/State and Zip Code

jess.black@medrina.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Black

Name of Person

at ( 615 )

390-6988

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Post Acute Care Management South Florida, LLC

2. (a) 4960 SW 72ND AVE 303 (b) 4960 SW 72ND AVE 303  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Miami, Florida 33155 Miami, Florida 33155

3. 03/22/2023 4. L23000145876  
Date of filing/registration in Florida Document number

5. (a) DIAZ LAW GROUP  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

9155 SOUTH DADELAND BLVD. SUITE 1218  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Miami, FL 33156

(b) Cogency Global Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4  
NEW Registered Office Address:  
Tallahassee, FL 32301

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

Jessica Black  
Printed or typed name of signer

*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.*

/s/ Sean Chase  
Signature of Registered Agent

**FILED**  
2024 JAN 25 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FL