## L23000145816

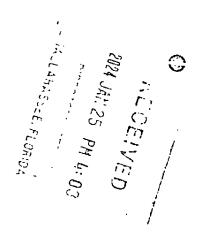
•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·





400422521364

FILED
2024 JAN 25 PM 4: 36
CONTRACTABLE OF STATE





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 #:
Entity Name: POST ACUTE CARE MANAGEMENT SOUTH FLORIDA, LLC
☐ Articles of Incorporation/Authorization to Transact Business
Amendment
Reinstatement
☐ Conversion
☐ Merger
☐ Dissolution/Withdrawal
Fictitious Name
Other
Authorized Amount: \$25.00
Signature:

## COVER LETTER

TO:	Registration S Division of Co								
SUBJ	uth Florida, LLC								
		٨	łame	of Lin	nited Li	ability	Company		
Dear S	Sir or Madam:								
The er	nclosed Register	red Agem/Registered (	Offic	e Char	nge and	fec(s)	are submitted for filing.		
Please	return all corre	spondence concerning	g this	matter	to the	follow	ing:		
		Jessica Black							
		Name of Person		•					
		Medrina, LLC							
		Firm/Company							
	7	633 E 63rd PI Ste 355	5						
		Address							
		Tulsa, OK 74133							
	C	ity/State and Zip Cod	e						
	je:	ss.black@medrina.coi	m						
I	E-mail address:	(to be used for future	annu	al repo	rt notifi	cation	1)		
For fu	rther informatio	n concerning this mat	ter, p	olease o	call:				
	Jess	sica Black		at (	615	) _	390-6988		
	Name	of Person				Area	a Code & Daytime Telephone Number		
	Registration S Division of Co Clifton Buildi	orporations ng 'e Center Circle		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					□ \$5	5 Filir	ng Fee & Certified Copy		

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.

١.	Na	ime 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: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Miami, Florida 33155			Miami, Florida 33155			
		03/22/2023			L23000145876			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	DIAZ LAW GROUP						
	` ,	Registered Agent and Registered Office shown on the records	Dept. of State	#				
		9155 SOUTH DADELAND BLVD. SU						
		Registered Office Address (MUST BE FLORIDA STREE	2					
					<b>202</b>			
		Miami .	FL3:	3156	FILE 2024 JAN 25 PH SECRETARY OF			
	ZL S	Cogency Global Inc.			S PH L			
	(b)	Enter name of NEW Registered Agent and/or NEW Registe	fress:	တိုင္က 📜				
		<del></del>			PH 4: 36 OF STATE SEE. FL			
		115 North Calhoun Street, Sui						
		NEW Registered Office Address:						
		Tallahassee	FL3:	2301				
th ag w	e cha gent v as/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the street and the control of the control	of the regis I liability co rs of the lim	stered office impany, it is ited liability	and the business office of the regis hereby confirmed that the change(s y company or as otherwise provided	itered s)		
_	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee				
pr th to	ovisi e obl mere	by accept the appointment as registered agent and completions of all statutes relative to the proper and completigations of my position as registered agent as provided reflect a change in the registered office address, if in writing of this change.	ete nertorm	mee of me	tuties, and Lam tamiliar with and a	ccent		

Signature of Registered Agent