

# L23000220666

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

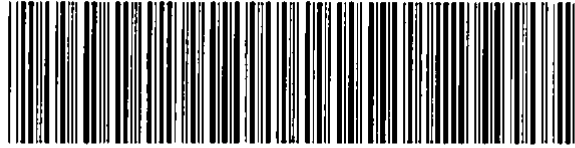
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MediRehab

\_\_\_\_\_  
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:

Alex John

\_\_\_\_\_  
Name of Person

MediRehab

\_\_\_\_\_  
Firm/Company

12950 Dartford Trail Apt 16

\_\_\_\_\_  
Address

Wellington, FL 33414

\_\_\_\_\_  
City/State and Zip Code

alexj889@gmail.com

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

For further information concerning this matter, please call:

Alex John

\_\_\_\_\_  
Name of Person

at ( 516 ) 698-5319

\_\_\_\_\_  
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

**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.

Name of the limited liability company: MediRehab LLC

(a) Alex John

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

12950 Dartford Trail Apt 16

Wellington FL 33414

8/25/2023

Date of filing/registration in Florida

4.

(b) Alex John

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

12950 Dartford Trail Apt 16

Wellington FL 33414

L23000220666

Document number

(a) Alex John

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

Alex John

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

16416 NW 16 ST

Pembroke Pines, FL 33028

(b) Alex John

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Alex John

**NEW** Registered Office Address:

12950 Dartford Trail Apt 16

Wellington, FL 33414

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

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.

Alex John  
Signature of a member or authorized representative of a member

Alex John

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.

Alex John  
Signature of Registered Agent