

124000091202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

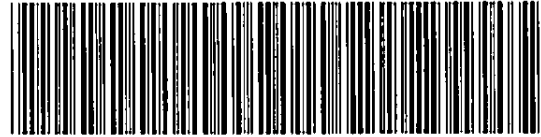
Certificates of Status _____

Special Instructions to Filing Officer

J DENNIS

APR 11 2024

Office Use Only



100426909571

FILED

2024 APR 10 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 APR 10 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: LAKE WORTH REHABILITATION CENTER, LLC

2. (a) No Change (b) No Change

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

2/21/2024

L24000091202

3. Date of filing/registration in Florida 4. Document number

5. (a) SOUTHERN HEALTHCARE MANAGEMENT LLC

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

101 SUNNYTOWN ROAD

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

SUITE 201

CASSELBERRY, FL 32707

(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.

/s/ Mark Cronquist

Signature of a member or authorized representative of a member

Mark Cronquist Authorized Person

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.

/s/ Timothy Mayville

Signature of Registered Agent Timothy Mayville, Assistant Secretary

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

FILING FEE: \$25.00

FILED
2024 APR 10 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FL 32301