

L98000002978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

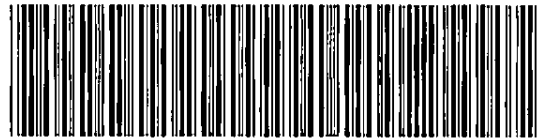
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2024 MAR 20 PM 12:32  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 MAR 20

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 362378 8431616  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : March 13, 2024  
ORDER TIME : 3:21 PM  
ORDER NO. : 362378-347  
CUSTOMER NO: 8431616

CHANGE OF AGENT

NAME: THE VILLAGES REHABILITATION  
SERVICES, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

**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: THE VILLAGES REHABILITATION SERVICES, L.L.C.

2. (a) 1650 LYNDON FARM CT  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
STE 300  
LOUISVILLE, KY 40223

(b) 1650 LYNDON FARM CT  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
STE 300  
LOUISVILLE, KY 40223

3. 12/02/1998 Date of filing/registration in Florida

4. L98000002978 Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CAPITOL CORPORATE SERVICES, INC.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
515 E PARK AVE 2ND FL  
TALLAHASSEE, FL 32301

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

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 DIVISION OF CORPORATIONS

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/ Sara Strange  
Signature of a member or authorized representative of a member

Sara Strange, 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.*

Grace E. Kirby  
Signature of Registered Agent  
Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00