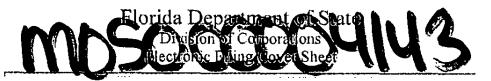
Division of Corporations



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(((H16000276506 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (614)280-3338 : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE EVERGREEN REHABILITATION, LLC

Certificate of Status	0
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D. SCOTT NOV 1 0 2016

## COVER LETTER

TO: R	ogistration Section ivision of Corporations	•
SUBJEC	Evergreen Rehabilitation, LLC	
-4.7020		f Limited Liability Company
Dear Sir o	or Madam:	
The enolo	sed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this m	attor to the following:
	•	
	•	
	Name of Person	
	•	
	Firm/Company	
	Address	
•	rida: 000	LAR B
	City/State and Zip Code	SEE, F.
	all address: (to be used for future annual	
For furth	er information concerning this matter, ple	ase call:
		st ()
	Name of Person	Area Code & Daytime Telephone Number
	TREET/COURIER ADDRESS:	MAILING ADDRESS
	legistration Section Division of Corporations	Registration Section Division of Corporations
	Clifton Building	P.O. Box 6327
	661 Executive Center Circle	Tallahassee, Florida 32314
7	allahassee, Florida 32301	
I	inclused is a check for the following an	sount:
Ċ	3 \$25 Filling Fee	S55 Filing Fee & Cartified Copy
1) B (2HVI)	2/14)	

344

CW.

## 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.

	ame of the limited fiability company: Evergreen Rehat		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Mote: MAY BE POST OFFICE BOX)
	07/26/2005	м050	00004143
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NATIONAL CORPORATE RESEARCH, LTD., INC. Registered Agent and Registered Office shown on the records of	f the Florida Dont.	of State:
	regulated Agent and Aegistered Office shows on the records of	time thatter poby	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	"115 North Calhoun St. Suite 4		to 5
	Tailahassoo	L 32301	TEC:
	, FI	L	<u> </u>
(b)			53
(0)	Enter name of NEW Registered Agent and/or NEW Registers	d Office address:	SAY 5
	C T Corporation System		mon <b>Z</b>
	NEW Registered Office Address:		
	1200 South Fine Island Road		
	Plantation . F	L_33324	·
the chi agent v was/w the art	ilmited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited i ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th	aws of the State of the registered liability compar of the limited i the limited liability	office and the business office of the registe by, it is hereby confirmed that the change(s) lability company or as otherwise provided in ty company.
	DOCUM number of nuthorized representative of a member	Patri	cia Belanger, Member
និញ្ហែរ	ature of a member of nuthorized representative of a member		Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and as lons of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered affice address, i d in writing of this change.	gree to act in the le performance led for in Chapt I hereby confirm	is capacity. I further agree to compty with of my dulies, and I am familiar with and act er 605, F.S. Or, if this document is being fi n that the limited tlability company has been
	Corporation System		
	am of Registred Agent ricia Belanger, Asst. Secretary		
	Division of Corporations P.O.	Box 6327 • Ta	llahassee, FL 32314
	FILING:	FEE: <b>52</b> 5.00	

INHS18 (2/14)