MD40000001380

(Re	equestor'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:					
·					

Office Use Only



300258387463

04/01/14--01022--012 **25.00

RARD/148



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington • De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: March 28, 2014

Order#: 072704-214

Re: CSE ORLANDO - TERRA VISTA REHAB LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX __ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. Na	ame of the limited liability company: CSE ORLANE	00 - TE	RRA VISTA REHAB LLC		
2. (a)	200 International Circle #3500 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	÷ i	Circle #3500 s of limited liability company: BE POST OFFICE BOX	
	Hunt Valley, MD 21030	_	Hunt Valley, MD 21030		
	11/17/2006	-	M06000006380		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	C T Corporaton System Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET A)				
	Plantation , FL			SEGNET SECOND	
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C			TARY OF STA	
	1201 Hays Street NEW Registered Office Address:			# 17	
	Tallahassee , FL_	32301			
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility cor the limi imited li	ered office and the business of npany, it is hereby confirmed the ted liability company or as other	fice of the registere hat the change(s) erwise provided in	
Signa	tere of a member or authorized representative of a member	ווטע	Printed or typed name of		
I here provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act i performa I for in Ci ereby co	in this capacity. I further agree nce of my duties, and I am fam hapter 605, F.S. Or, if this doc nfirm that the limited liability c	e to comply with the iliar with and acce cument is being file company has been	

By: Elizabeth A. Dawson, Asst. Vice President
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent