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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscqlobal.com

Date: November 26, 2018

Order#: 489788-026

Re: CUMBERLAND THERAPY SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$25

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: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive 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

18 NOV 29 PN 4: 3

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.

١.	Na	me of the limited liability company: CUMBERLAND	THERAF	Y SERVIC	ES, LLC	
2.	(a)	2586 Trailridge Dr. East Ste 100	_ (b)	2586 Tr	ailridge Dr. East Ste 100	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Lafayette, CO 80026	-	Lafayette	, CO 80026	
		09/27/2007	_	M0700000	95823	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	C T CORPORATION SYSTEM				
	• /	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:	
		1200 SOUTH PINE ISLAND ROAD			∑ =33 ∞	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		LANA H		
		PLANTATION FL_	33324		1LED 29 PM ASSEE, FI	
(b)		Corporation Service Company			D PN 4:37 PLORIDA	
	٠,.	Enter name of NEW Registered Agent and/or NEW Registered O	Office add	ress:	37 DA	
		1201 Hays Street NEW Registered Office Address:				
		Tallahassee, FL	32301			
the age wa	char ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the li	he regist pility con the limit	ered office npany, it is led liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		Xie P. Cionie	Jill Ci	lmi, Authori	zed Person	
	_	are of a member or authorized representative of a member			Printed or typed name of signee	
pro the to i	obli obli nere ified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change	erformai for in Cl reby coi	nce of mv d hapter 605, ifirm that t	uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
១វេ	пацип	e of Registered Agent Corporation Service Company	BY: Gra	ace E. Kirt	by, Assistant Vice President	