

M11 000000682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

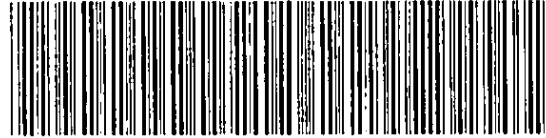
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

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2023 MAR 16 AM 10:20
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

17 2023

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

ACCOUNT NO. : I20000000195
REFERENCE : 542719 5149163
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : March 2, 2023
ORDER TIME : 4:24 PM
ORDER NO. : 542719-267
CUSTOMER NO: 5149163

CHANGE OF AGENT

NAME: ENCOMPASS HEALTH
REHABILITATION HOSPITAL OF
MARTIN COUNTY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

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: ENCOMPASS HEALTH REHABILITATION HOSPITAL OF MARTIN COUNTY, LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

5850 SE COMMUNITY DRIVE
STUART, FL 34997

9001 Liberty Parkway
Birmingham, AL 35242

02/10/2011

M11000000682

3. 02/10/2011 Date of filing/registration in Florida

4. M11000000682 Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T CORPORATION SYSTEM

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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(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

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.

Jill E. Cilmi
 Signature of a member or authorized representative of a member

Jill Cilmi, 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