12/23/2014 10:58:20 From: To: \$506176383 Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368

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

Email Address:\_

## LLC REGISTERED AGENT CHANGE RELIANT PRO REHAB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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DEC 24 2014

T. CARTER

12/23/2014

## **COVER LETTER**

TO: Registration Section Division of Corporations

Reliant Pro Rehab, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building 2661 Executive Center Circle Tellahassec, Florida 32301

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Tallahassea, Florida 32314

P.O. Box 6327

INHS(\$ (2/14)

## 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.

(a)	Principal office address of limited liability company: (Nom: MUST RE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY RE POST OFFICE BOX)
	08/09/2011	MII	10000D4005
(a)	Date of filing/registration in Florida Paracorp Incorporated	4.	Document number
	Registered Office Address (MUST BE FLORIDA STREE  155 Office Plaza Drive, I'st Floor  Taliaharsee	7 ADDRESS) 1_32301	
(b)	C T Corporation System  Enter name of NEW Replitered Agent and/or NEW Repliter	HASS	
	NEW Registered Office Address: 1200 South Pine Island Road		
	Plantation, F	L_33324	IAIE II3
e cha jent v qs/we e arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the memberates of organization or the operating agreement of the member of a member or authorized representative of a member	of the registere liability compa t of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
heret Oriși e obli mere	by accept the appointment as registered agent and a ons of all statities relative to the proper and complet igations of my position as registered agent as provid ify reflect a change in the registered office address. I i in writing of this change.	gree to act in the performance led for in Chap	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept our 605. F.S. Or. If this document is peing filed to the limit of line of the first or the state of the

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

INHS18 (2/14)