## 

(Requestor'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:						





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

ACCOUNT NO. : 12000000195						
REFERENCE : 622051 8327789						
AUTHORIZATION: Spellelena						
COST LIMIT : \$ 25.00						
ORDER DATE : April 14, 2022						
ORDER TIME : 2:04 PM						
ORDER NO. : 622051-007						
CUSTOMER NO: 8327789						
CHANGE OF AGENT						
NAME: THERAP SERVICES, LLC						
THE STATE OF THE S						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT DEDCON. Eviliana Bakar						
CONTACT PERSON: Eyliena Baker						
EXAMINER'S INTITALS:						

## 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: THERAP SER	VICES, I	LC	
2. (a)	333 Kennedy Drive	-	333 Ke	nnedy Drive
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	R101		R101	
	Torrington, CT 06790		Torring	ton, CT 06790
	12/30/2013		M140000	000298
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
,, (u)	Registered Agent and Registered Office shown on the records o	the Flori	da Dept. of S	tate:
	NRAI SERVICES, INC			. Žní
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			— 
	1200 SOUTH PINE ISLAND ROAD			192 ACC 15
	PLANTATION	 . 33324		
	F	1		
				.,
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office o	ddrau	
	The state of the s	W CHILCE	dures.	
	Corporation Service Company			
	NEW Registered Office Address:			_
	1201 Hays Street			
	Tallahassee	, 32301		
	F	L		
f the l	imited liability company is not organized under the la	ws of th	e State of F	Florida, it is hereby confirmed that after the
hange	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li	e registe	red office a	and the business office of the registered
	ere authorized by an affirmative vote of the members			
he arli	cles of organization or the operating agreement of the		•	• •
	Jel & GQue	Jill 	Cilmi, Aut	horized Person
~/	dre of a member or authorized representative of a member			Printed or typed name of signee
provisī he obl o mere	by Accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I Lin writing of this change.	e periorn	iance of m	v duties, and Lam familiar with and accept
<u>L</u>	Irace Cokuble	G	race E. Kir	by, Asst. Vice President
Signatu	re of Registered Agent			