

M1400000 3247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

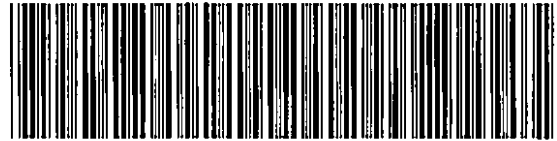
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



800320653538

11/13/18--01038--L15 **25.00

FILED
JAN 05 2019
D CUSHING

Ra Changis

JAN 05 2019

D CUSHING

61-5616-10000-10
JAN 19 1964



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2018

SORAYA SARIASLANI
C/O CORPORATION SERVICE COMPANY
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

SUBJECT: ENCORE REHABILITATION SERVICES, LLC
Ref. Number: M14000003247

We have received your document for ENCORE REHABILITATION SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 118A00024852

RECEIVED

2018 DEC 21 PM 12:02

STATE
SEC. FL

**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: ENCORE REHABILITATION SERVICES, LLC

2. (a) 33533 W 12 Mile Rd (b) 33533 W 12 Mile Rd

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Suite 290

Suite 290

Farmington Hills, MI 48331

Farmington Hills, MI 48331

05/13/2014

M14000003247

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 the Florida Dept. of State:

1200 S PINE ISLAND RD

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

PLANTATION, FL 32301

(b) Corporation Service Company

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street

NEW Registered Office Address:

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

Corporation Service Company BY: Grace E. Kirby, Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00