## M16000004191

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	s of Status						
Special Instructions to Filing Officer:							

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CSC - WILMINGTON 251 Little Falls Drive De 19808 Wilmington

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: March 12, 2020

Order#: 227615-010

Re: DETROIT REHABILITATION INITIATIVES, LLC

Enclosed please find:

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: Erika Zavala Daza 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

## 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	me of the limited liability company: DETROIT REHABI	LITATI	ON INITIA	TIVES LLC			
2.	(a)	319 Clematis St.	(b)	319 Cle	matis St.			
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N1	<del>-</del>	ss of limited liability company:  Y BE POST OFFICE BOX)		
		Suite 808	_	Suite 808				
		West Palm Beach, FL 33401	-	West Palr	m Beach, FL 33401			
		06/15/2016	_	M1600000	4797			
3.		Date of filing/registration in Florida	4.	i	Document number			
5.	(a)	Incorporating Services, Ltd.						
	. ,	Registered Agent and Registered Office shown on the records of the	Florida I	ept, of State:		202		
		1540 GLENWAY DRIVE				2020 MAR		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	25		
						16		
		TALLAHASSEE .FL 3	22224	-	<u>.</u>	PH	1 " 12 TT	
		TALLAHASSEE, FL_3	32301			PH 12: 30	Ne o	
	(b)	Corporation Service Company				30		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Off	fice addr	ess:	<del></del>			
		1201 Hays Street						
		NEW Registered Office Address:						
		Tallahassee . FL_3	32301					
the ag wa	e cha ent w is/we	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liabilite authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liability.	e registe lity com ne limit	ered office pany, it is ed liability	and the business office hereby confirmed that company or as otherw	e of the the cha	registered nge(s)	
	,,,	Xu & Comi	Jill Cil		rized Person			
l i pr the to no	hereb ovisie obli mere tified	we of a member or authorized representative of a member by accept the appointment as registered agent and agree to bus of all statutes relative to the proper and complete per gations of my position as registered agent as provided fo by reflect a change in the registered office address. I here by it is a change in the registered office address. I here by it is change.  The contract of this change.  The contract of the company is a contract of the contract of	rforman ir in Ch eby con	i this capa ice of my d apter 605, firm that th	uties, and I am familia F.S. Or, if this docum he limited liability com	comply r with a rent is b pany ho	with the nd accept eing filed is been	
Si	gnatur	e of Registered Agent Corporation Service Company B	Y: Gra	ce E. Kirk	by, Asst. Vice Preside	ent		