

12/4/2019

Division of Corporations

mi70000909

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
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Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ENCOMPASS HEALTH REHABILITATION HOSPITAL OF
HILLSBOR**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

DEC 05 2019
T. LEWELLYN

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Encompass Health Rehabilitation Hospital of Hillsborough County, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M170C0000909

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/01/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Encompass Health Rehabilitation Hospital of North Tampa, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

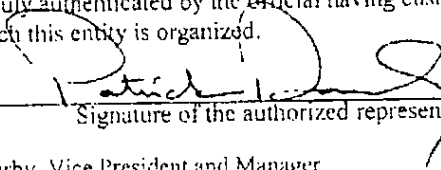
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Patrick Durby, Vice President and Manager

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ENCOMPASS HEALTH REHABILITATION HOSPITAL OF HILLSBOROUGH COUNTY, LLC", CHANGING ITS NAME FROM "ENCOMPASS HEALTH REHABILITATION HOSPITAL OF HILLSBOROUGH COUNTY, LLC" TO "ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NORTH TAMPA, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2019, AT 3:55 O'CLOCK P.M.



6301543 8100
SR# 20198289703

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 204091750
Date: 11-26-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:55 PM 11/25/2019
FILED 03:55 PM 11/25/2019
SR 20198289703 - File Number 6301543

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
TO CERTIFICATE OF FORMATION**

Pursuant to Section 18-202 of the Delaware Limited Liability Company Act, this Certificate of Amendment is being executed by Encompass Health Rehabilitation Hospital of Hillsborough County, LLC (the "Company") for the purpose of amending its Certificate of Formation as provided herein:

1. The name of the Company is Encompass Health Rehabilitation Hospital of Hillsborough County, LLC.

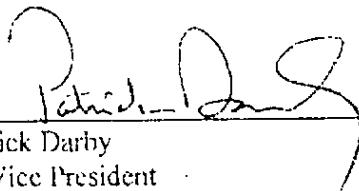
2. Paragraph 1 of the Certificate of Formation of the Company is amended in its entirety to read as follows:

"1. The name of the limited liability company is Encompass Health Rehabilitation Hospital of North Tampa, LLC."

IN WITNESS WHEREOF, the Company has caused this Certificate of Amendment to be executed by its duly authorized person this 25th day of November, 2019.

**ENCOMPASS HEALTH REHABILITATION
HOSPITAL OF HILLSBOROUGH COUNTY,
LLC**

By: _____


Patrick Darby
Its Vice President