## M180000002744

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
,			
Certified Copies Certificates of Status			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/22/2023				
Name:		_			
Reference #:	4040040	<u> </u>			
Entity Name:	NATIONAL HEALT	H REHABILITATION, LLC			
Article	es of Incorporation/Authorization	n to Transact Business			
☐ Amen	dment				
✓ Change of Agent					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
Other					
Authorized A	mount: \$25.00				

## 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.

2. (a)		(b)	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<u>N</u>	o Change
	March 15, 2018		M18000002744
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INCORP SERVICES, INC.		
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida Dep	nt. of State:
	3458 LAKESHORE DRIVE		۲:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	2023 FEB
	TALLAHASSEE	FL_32312	22
(b)	COGENCY GLOBAL INC.		
	Enter name of NEW Registered Agent and/or NEW Register	red Office address	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	<sub>FL</sub> 32301	
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the contraction of of the contract	of the registere I liability composes of the limited the limited liabj	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in Hipy company.
	as Ne	<u></u>	Printed or typed name of signee
	rare of a member or authorized representative of a member		
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	oto nortarmanci	e of my duties, and I am familiar with and accel

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00