

M2000 000 6146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

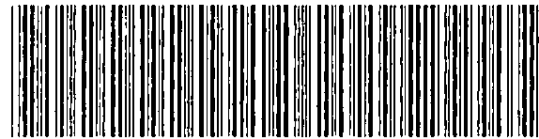
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



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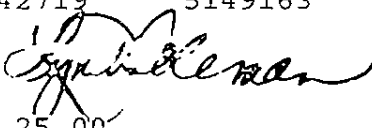
2023 MAR 16 PM 1:07

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2023 MAR 16 AM 10:19  
OFFICE OF THE CLERK  
STATE OF FLORIDA

MAR 17 2023

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

ACCOUNT NO. : I20000000195  
REFERENCE : 542719 5149163  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : March 2, 2023  
ORDER TIME : 4:25 PM  
ORDER NO. : 542719-282  
CUSTOMER NO: 5149163

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CHANGE OF AGENT

NAME: ENCOMPASS HEALTH  
REHABILITATION HOSPITAL OF  
NAPLES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: \_\_\_\_\_

**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: ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NAPLES, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>9001 LIBERTY PARKWAY</u> <u>BIRMINGHAM, AL 35242</u>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>9001 LIBERTY PARKWAY</u> <u>BIRMINGHAM, AL 35242</u>
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3. <u>07/10/2020</u> Date of filing/registration in Florida	4. <u>M20000006146</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CT CORPORATION SYSTEM

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Corporation Service Company  
**NEW** Registered Office Address:  
1201 Hays Street  
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  
Grace E. Kirby, Asst. Vice President

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