Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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1				

LLC REGISTERED AGENT CHANGE **REHAB MEDIA GROUP LLC**

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APR 17 2023

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Help

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.

l. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (p)	Mailing address of limited I			
	(Note: MUST BE STREET ADDRESS)	_		(NOIR: MAT BE FOST			
	07/02/2021		M21000	0008672			
I .	Date of filing/registration in Florida	4.		Document number			
i. (a)	ESPOSITO, MICHAEL	····	····	_			
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	te:			
	4134 GULF OF MEXICO DR STE 207	4134 GULF OF MEXICO DR STE 207					
	Registered Office Address (MUST BE FLORIDA STREET						
				_		~	
	LONGBOAT KEY , FL	34228				2023 APR 13	
	CONOBOAT RET			ngan.	b: 	βP	
(b)	Registered Agents Inc		ASS T	~			
(17)	Enter name of NEW Registered Agent and/or NEW Registered	_					
					- F	AH III	
	7901 4th St N	<u> </u>	93 <u>7</u>	•••			
	NEW Registered Office Address:		ייוכ	<u>-</u>			
	STE 300			_			
	St. Petersburg , FL	33702					
he cha	imited liability company is not organized under the lawinge or changes are made, the Florida street address of	the regis	tered offic	ce and the business offi	ce of the registe	ered	
gent v	vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members (ability co of the lim	mpany, it i ited liabili:	is hereby confirmed that ty company or as other	at the change(s) wise provided i	n	
he arti	cles of organization or the operating agreement of the	limited I	ability cor	mpany.	7		
R.	ture of a member or authorized representative of a member	Rob	in Jones		<u> </u>		
_				Printed or typed name of	_		
l here provisi he obl o meri	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I do not in writing of this change.	ree to act performed for in C hereby co	in this cap ince of my hapter 60. infirm that	pacity. I further agree is duties, and I am famili 5, F.S. Or, if this docu t the limited liability co	to comply with iar with and acc ment is being fi mpany has beer	the cept led n	

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

David X corts David Roberts - Assistant Secretary

Signature of Registered Agent