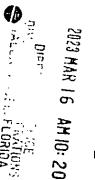
·	(Requestor's Name)
	(Address)
. —————	(Address)
	(City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
-	(Business Enlity Name)
•	(Document Number)
Copies	Certificates of Stalus
Instructions to	Filing Officer:

Office Use Only



600404762976



173 1.... 17 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

. .

ACCOUNT NO). : I2000000195						
REFERENC	CE : 542719 5149163						
AUTHORIZATIO	ON syrindle man						
COST LIM	/ ^						
ORDER DATE: March 2, 2023							
ŕ							
ORDER TIME : 4:23 PM							
ORDER NO. : 542719-252							
CUSTOMER NO: 5149163							
CHANGE OF AGENT							
NAME: ENCOMPASS HEALTH REHABILITATION HOSPITAL OF LAKE WORTH, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Wei	land-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. N	ame of the limited liability company: ENCOMPASS I	HEALTH	REHABILI	TATION HOSPITAL O	OF LAKE WORTH, LL	
2. (a)						
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 9001 LIBERTY PKWY		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 9001 LIBERTY PKWY			
	07/26/2021		M2100000	09518		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	f the Florida	a Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET) 1200 S PINE ISLAND RD	<u> </u>	_	6 . 1 2023 HAR		
	PLANTATION, F	33324		_	AR 16	
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office ad	dress:		1:47	
	NEW Registered Office Address:		-			
	1201 Hays Street					
	·			_		
	Tallahassee, F	32301		_		
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the e registere lability co of the lim e limited l	ed office an impany, it i lited liabilit iability con	nd the business office is hereby confirmed to the company or as other mpany. Orized Person	of the registered hat the change(s) erwise provided in	
_	ature of a member or authorized representative of a member			Printed or typed name of	•	
provis. the obi to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to act performed for in C hereby co	in this cap ance of my Thapter 60: Onfirm that	acity. I further agree duties, and I am fam 5, F.S. Or, if this doc the limited liability c	e to comply with the iliar with and accept nument is being filed ompany has been	
Signatu	Image (Kub)					

Grace E. Kirby, Asst. Vice President