

M220000 10498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

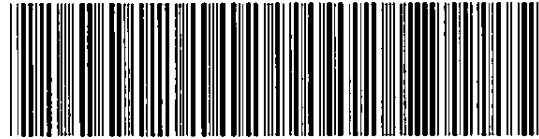
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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: ORMOND REHABILITATION AND NURSING CENTER LLC
2. (a) 2061 HYDE PARK RD  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Jacksonville, FL 32210
- (b) 2061 HYDE PARK RD  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Jacksonville, FL 32210
3. 7/7/2022 Date of filing/registration in Florida
4. M22000010498 Document number

5. (a) Brecher, Hal  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
115 NORTH CALHOUN ST., SUITE 4  
TALLAHASSEE, FL 32301

- (b) Platinum Agent Services LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
155 Office Plaza Dr.  
Tallahassee, FL 32301

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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.

/s/ Hal Brecher

Hal Brecher

Signature of a member or authorized representative of a member

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.*

/s/ Steven Friedman - Platinum Agent Services LLC President

Signature of Registered Agent

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