

M22000013919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

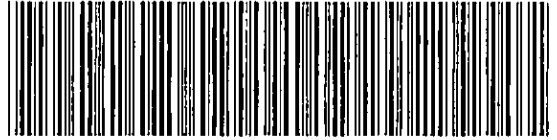
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800434826218

FILED

2024 NOV 14 AM 10:05

TALLAHASSEE, FLORIDA

RECEIVED

2024 NOV 14 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2024

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: ORMOND REHABILITATION AND NURSING MEMBER LLC
Ref. Number: M22000013919

We have received your document for ORMOND REHABILITATION AND NURSING MEMBER LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

5 (a) the name must match DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00025027

RECEIVED

2024 NOV 18 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/14/2024

****WALK IN****

ENTITY NAME Ormond Rehabilitation and Nursing Member LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25

ACCOUNT # 120160000072

W: 12/11

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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 MEMBER LLC

2. (a) 2061 HYDE PARK RD (b) 2061 HYDE PARK RD

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Jacksonville, FL 32210

Jacksonville, FL 32210

9/7/2022

M22000013919

3. Date of filing/registration in Florida

4. 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 N CALHOUN ST STE 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

FILED
2024 NOV 14 AM 10:05
TALLAHASSEE, FLORIDA

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