

m95000000387

Requester's Name
Box 623
Address
Tallahassee FL 32302
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Coral Reef Nursing + Rehabilitation Center, LLC
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in
☒ Mail out

☐ Pick up time
☐ Will wait

☐ Photocopy

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

Name
Availability

OTHER FILINGS

Document Examiner
☐ Annual Report
Updater ☐ Fictitious Name

Updater
Verifier DCC

Witness/Judgement DCC

P. Verifier
CR25031(7/97) DCC

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

200007207042--6
-08/20/02--01003--010
*****25.00 *****25.00

FILED

02 AUG 19 PM 4:01

RECEIVED

02 AUG 19 PM 3:48

DIVISION OF CORPORATION

Examiner's Initials

MAIL Out

m95000000387

2 pages

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Coral Reef Nursing and Rehabilitation Center L.L.C

2. The mailing address of the limited liability company is : 2151 Quail Run Drive
Baton Rouge, LA 70808

12/28/1995
3. Date of filing/registration in Florida

M95000000387
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State:

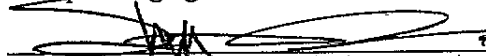
Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301-2525
City, State and Zip

FILED
02 AUG 19 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

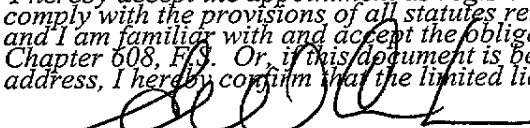
Alfred W. Clark
Name
117 S. Gadsden, Suite 201
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip

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.


(Signature of a member or authorized representative of a member)

Steve E. Hicks
(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 608, 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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314