

6/18/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000185927 3)))



H200001859273ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MYLLC.COM, INC.
Account Number : 120130000077
Phone : (888)886-9552
Fax Number : (888)776-9552

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: compliance@myllc.com

**REGISTERED AGENT CHANGE
ADVANCED REHAB SPECIALTIES, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2020 JUN 19 AM 8:24

FILED
2020 JUN 19 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help



June 19, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ADVANCED REHAB SPECIALTIES, P.A.
9836 US HWY 441
LEESBURG, FL 34788US

SUBJECT: ADVANCED REHAB SPECIALTIES, P.A.
REF: P14000005577

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000185927
Letter Number: 320A00012130

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS ((H20000185927 3))**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ADVANCED REHAB SPECIALTIES, P.A.
2. The principal office address: 616 N Palmetto Street Suite B
Leesburg, FL 34748
3. The mailing address (if different): PO BOX 491040, Leesburg, FL 34749
4. Date of incorporation/qualification: 01/17/2014 Document number: P14000005577
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CURRY, David

616 N. Palmetto Street

Leesburg, FL 34748

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470


SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 19 AM 8:50

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

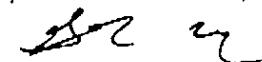
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 President
Signature of an officer or director

DAVID CHRISTOPHER CURRY, President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

June 17, 2020

Date

If signing on behalf of an entity:

Garreck Vassar on behalf of MyLLC.com, Inc.

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
C'R2E045 (04/13) ((H20000185927 3))