L13000 045 970

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

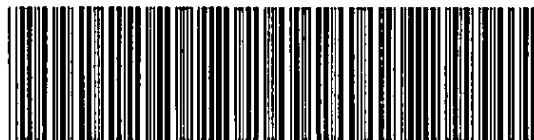☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 NOV 25 PM 12: 03

RA Change

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: **SUNSHINE DOCTORS GROUP, LLC**
_____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua A. Payne
_____
Name of Person

_____
Firm/Company

740 SE Indian Street
_____
Address

Stuart, FL 34997
_____
City/State and Zip Code

legal@treatmentllc.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua A. Payne   772   210-7817
_____ at (_____) _____
Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

☑ $25 Filing Fee   ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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: **SUNSHINE DOCTORS GROUP, LLC**

2. (a) 770 SE Indian Street

   Principal office address of limited liability company:
   (*Note: MUST BE STREET ADDRESS*)

   Stuart, FL 34997

   (b) 770 SE Indian Street

   Mailing address of limited liability company:
   (*Note: MAY BE POST OFFICE BOX*)

   Stuart, FL 34997

3. 3/27/2013

   Date of filing/registration in Florida

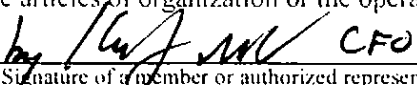4. L13000045970

   Document number

5. (a) ABERNETHY, BRUCE R, JR.

   Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   130 S. INDIAN RIVER DRIVE, SUITE 201

   Registered Office Address   (*MUST BE FLORIDA STREET ADDRESS*)

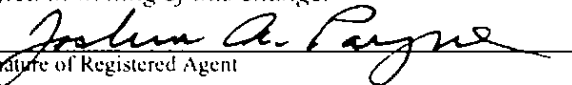   FT. PIERCE   , FL 34950

   (b) PAYNE, JOSHUA A.

   Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

   740 SE INDIAN STREET

   NEW Registered Office Address:

   STUART   , FL 34997

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.

by _____ CFO

Signature of a member or authorized representative of a member

Kenneth Sokolsky, CFO, Auth. Rep. of Mbr

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.

Signature of Registered Agent