

M110000003966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

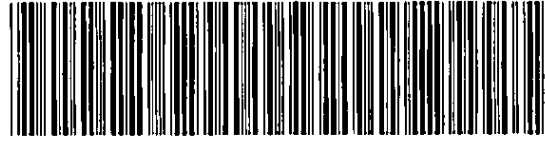
(Business Entity Name)

(Document Number)

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Y SULKER  
JAN 07 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 362985 8362561

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : January 5, 2022

ORDER TIME : 9:48 AM

ORDER NO. : 362985-011

CUSTOMER NO: 8362561  
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CHANGE OF AGENT

NAME: NEW DIRECTIONS BEHAVIORAL  
HEALTH, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

**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: NEW DIRECTIONS BEHAVIORAL HEALTH, L.L.C.

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
6100 Sprint Parkway Suite 200  
Overland Park, KS 66211

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
P.O. BOX 6729  
LEAWOOD, KS 66206

3. 08/05/2011 Date of filing/registration in Florida

4. M11000003966 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
NORTHWEST REGISTERED AGENT LLC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7901 4TH STREET N, SUITE 300  
ST. PETERSBURG, FL 33702

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 TALLHASSEE, FL  
 DIVISION OF CORPORATIONS

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

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/ Carlos Lindo  
 Signature of a member or authorized representative of a member

Carlos Lindo, Authorized Person  
 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.*

Grace E. Kiby  
 Signature of Registered Agent

GRACE E. KIBY, ASST. VICE PRESIDENT