

P20000077833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

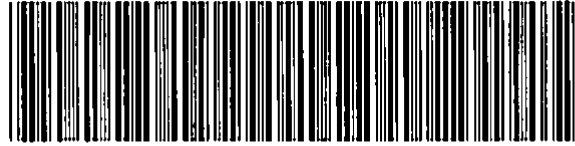
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500361826035

2021 MAR 12 AM 8:45
STATE
OFFICE FL

21 MAR 12 PM 12:38

V. SULKER

MAR 15 2021



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: March 12, 2021

Name: Ian Reilly

Reference #: 1338991

Entity Name: INPATHY BEHAVIORAL HEALTHCARE GROUP, P.A.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

Authorized Amount: \$35.00

Signature: *Ian Reilly*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Inpathy Behavioral Healthcare Group, P.A.
Name of Corporation

DOCUMENT NUMBER: P20000077833

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Dunwiddie

Name of Contact Person

Inpathy Behavioral Healthcare Group, P.A.

Firm/Company

1120 Route 73 STE 300

Address

Mt. Laurel, NJ 08054

City/State and Zip Code

elizabeth.dunwiddie@arraybc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Dunwiddie

Name of Contact Person

at (856) 602-0389

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Inpathy Behavioral Healthcare Group, P.A.

2. The principal office address: 1120 Route 73 STE 300, Mt Laurel, NJ 08054

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/28/2020 Document number: P20000077833

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)

C T Corporation
1200 South Pine Island Road
Plantation, FL 33324

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

Cogency Global Inc.
115 North Calhoun Street, STE 4
Tallahassee, FL 32301
P.O. Box NOT acceptable

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.

/ S / James Varrell
Signature of an officer or director

James Varrell, 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.

/S/SHANNON M. MADDOX
Signature of Registered Agent

3/10/2021
Date

If signing on behalf of an entity:
COGENCY GLOBAL 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
CR2E045 (04/13)

RECEIVED
FLORIDA DEPARTMENT OF STATE
MARCH 12 AM 8:45