

Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

From: Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
NARCONON SPRING HILL, INC.

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

R/A Chg

AUG 14 2014

R. WHITE

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24 AUG 13 11:38 AM

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: NARCONON SPRING HILL, INC.
 2. The principal office address: 1390 SUNSET POINT ROAD, CLEARWATER, FL 33755

3. The mailing address (if different):

4. Date of incorporation/qualification: 8/8/2008 Document number: N08000007518

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)

REBECCA HEIST
911 CHESTNUT STREET
CLEARWATER, FL 33756

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

CHESTNUT BUSINESS SERVICES, LLC
911 CHESTNUT STREET
P.O. Box NOT acceptable
CLEARWATER, FL 33756

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.


 Signature of an officer or director

Tammy Strickling, 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 this 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

8/13/14
 Date

If signing on behalf of an entity:

Carol A. Hague, Manager

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

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