5/12/2021 Division of Corporations

F16000000051

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

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2021 MAY 12 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 MAY 12 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FL

REGISTERED AGENT CHANGE
ABLE TO BEHAVIORAL HEALTH SERVICES, PC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$43.75

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MAY 13 2021

D CUSHING

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

1. The name of the corporation: ABLE TO BEHAVIORAL HEALTH SERVICES, PC

2. The principal office address:
320 W 37TH ST 11TH FLOOR NEW YORK, NY 10018

3. The mailing address (if different):

4. Date of incorporation/qualification: 1/5/2016 Document number: F16000000051

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Jennifer Kurz Vice President

Printed or typed name and title

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

C T Corporation System

By:

Signature of Registered Agent

5/12/2021

Date

Alfred Younan

If signing on behalf of an entity: Assistant Secretary

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)