I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Ρ

SIGNATURE: JOHN KOKOSZKA

Electronic Signature of Signing Officer/Director Detail

2023 FLOF	RIDA NOT FOR PROF	T CORPORATION	ANNUAL REPORT

DOCUMENT# N22000005216

Entity Name: ADDICTION RECOVERY INTERNATIONAL, INC.

Current Principal Place of Business:

701 S. OLIVE AVE. SUITE 202 WEST PALM BEACH, FL 33401

Current Mailing Address:

701 S. OLIVE AVE. SUITE 202 WEST PALM BEACH, FL 33401 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

KOKOSZKA, JOHN F 701 S. OLIVE AVE. SUITE 202 WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN KOKOSZKA			04/20/2023			
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	P	Title	VP			
Name	KOKOSZKA, JOHN F	Name	KOKOSZKA, MYRA M			
Address	TWO CITY PLAZA, SUITE 202	Address	TWO CITY PLAZA, SUITE 202			
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 3340	1		
Title	т					
Name	HERBST, TODD M					
Address	167 EVERGLADE AVE					
City-State-Zip:	PALM BEACH FL 33480					

Certificate of Status Desired: No

FILED Apr 20, 2023 Secretary of State 8906885010CC

04/20/2023