I Place of Business:		CC626	0448490
Address:			
1744021		Certificate of Status Des	sired: No
ess of Current Registered Agent:			
32 US			
submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of F	lorida.
ANIEL TURNER			04/07/2016
ectronic Signature of Registered Agent			Date
on(s) Detail :			
R	Title	AME	
NER, DANIEL	Name	TURNER, TRACY	
LINWOOD ST	Address	4889 FALLCREST CIRCLE	
ASOTA FL 34232	City-State-Zip:	SARASOTA FL 34233	
	I Place of Business: <sup>32</sup> Address: ST 34232 US 1744021 ess of Current Registered Agent: <sup>32</sup>	I Place of Business:   32   Address:   ST   34232 US   1744021   ess of Current Registered Agent:   32 US   submits this statement for the purpose of changing its registered office or registered office or registered is a context of the purpose of changing its registered office or registered office or registered is a context of the purpose of changing its registered office or registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of changing its registered office or registered is a context of the purpose of	I Place of Business:         32         Address:         ST         34232 US         1744021       Certificate of Status Destination of Registered Agent:         32 US         submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Feature of Registered Agent         ANIEL TURNER         actronic Signature of Registered Agent         on(s) Detail :         R       Title         Name       TURNER, TRACY         Name       TURNER, TRACY         NUNWOOD ST       Address       4889 FALLCREST CIRCLE

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL TURNER

MGR

04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

## Entity Name: ROYAL TREATMENT HOME AND PROPERTY CARE, LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2016 Secretary of State CC6260448490

Date