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	Ta:					
	10;	Division of Co	norations			
 			: (850)617-6380			
	From:					
		Account Name	: C T CORPORATION SYSTEM		739	
		Account Number	: FCA000000023		- 23	
		Phone	: (614)280-3338	• .	:	
		Fax Number	: (954)208-0845			
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}	**Enter	the email address	for this business entity to be used for fut	úre		
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## REGISTERED AGENT CHANGE AMERICAN ADDICTION CENTERS, INC.

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

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Corporate Filing Menu

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By:

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

statement of cha	nge is submitted for a corporation orga	102, 607,1508, or 617,1508, Florida Stat mized under the laws of the State of $\frac{NV}{2}$ stered agent, or both, in the State of Flor	
1. The name of t	the corporation: AMERICAN ADDICTI	ON CENTERS, INC.	<del></del>
2. The principal			
3. The mailing a	iddress (if different):		
4. Date of incorp	poration/qualification: 04/08/2014	Document number: F140000015	45
	d street address of the current registered trment of State: (If resigned, enter resign	agent and registered office on file with ( ned)	the
	REGISTERED AGENT SOLUTIONS, I	NC.	
	155 OFFICE PLAZA DRIVE, SUITE A		
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	;
	C T Corporation System		
	1200 South Pine Island Road		*5
	P.O. B Plantation, Florida 33324	ox NOT acceptable	27
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its re	
Such change wa authorized by th	as authorized by resolution duly adopt he board, or the corporation has been to	ed by its board of directors or by an off of the change.	licerso
CV Mr	HILL WILL	Christine Kelm - authorized person	9
Haraby accent	ne of an officer or director  the appointment as registered agent a to comply with the provisions of all sta told I am familiar with and accept the of the filed merely to reflect a change in to the been notified in writing of this change	Printed or typed name and tills and agree to act in this capacity. It the relative to the proper and complete the registered a the registered of the registe	ete performance gent. Or, if this confirm that the
C T Corporation	1 System	03/10/2021	
Sig	nature of Registered Agent Peter Trawinski - Assis	Date stant Secretary	
If signing on be	chalf of an entity:		
T	yped or Printed Name		
	* * * FILING F	EE: \$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)