

## Florida Department of State

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

BEHAVIORAL EDUCATIONAL SERVICES, INC.

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CT CORP

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11/06/2007

T. Rebests NOV - 6 2007

850-617-6381



October 10, 2007

FLORIDA DEPARTMENT OF STATE

BEHAVIORAL EDUCATIONAL SERVICES, INC. Division of Corporations 6640 CAROTHERS PARKWAY

SUITE 500 FRANKLIN, TN 37067

SUBJECT: BEHAVIORAL EDUCATIONAL SERVICES, INC.

REF: F98000006228

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct registered agent to reflect the information we have on file for the above corporation. (Blook #5).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H07000251252 Letter Number: 407A00059573

P.O BOX 6327 - Taliahassee, Florida 32314

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

statement of ch	e provisions of sections 607.0502, 61 tange is submitted for a corporation for to change its registered office or i	organized under the laws of the Si	ate of Delaware	
1. The name of	f the corporation: Behavioral Education	anal Services, Inc.		_
2. The principa	d office address: 6640 CAROTHERS	PARKWAY SUITE 500 FRANKI	IN TN 37067	_
3. The mailing	address (if different):			- -
4 Date of incom	rporation/qualification: 11/12/1998	Dogwood minhae	98000006228	-
5. The name an	ed street address of the current registe			
Florida Depa	ntment of State: NRAI Services, Inc		1 28 9	
	2731 EXECUTIVE PARK DRIVE.	SUITE 4	OT OCT TO THE TALL AHASSEE. F	<u>.</u> -4
	WESTON FL 33331	·	ARY ARY	) Ţ
6. The name an (if changed):	d street address of the new registered	d agent (if changed) and /or registe	red office	e ¥
•	CTCor	poration System		
	c/o C T Corporation Syste	em, 1200 South Pine Island Road	<b>&gt;</b>	
	(P.O. Box NOT acc	•	<del>_</del>	
	Plantito	n, Florida 33324		
<del>-</del>	ess of its registered office and the s i be identical.			
Such change w authorized by t	as authorized by resolution duly ad he board, or the corporation has be	lopted by its board of directors or an notified in writing of the chan	r by an officer so ge.	
	and or an order or an order	Samuelle Jone	Attorney-in-Fact	
I hereby accept I further agree of my duties, as document is bel corporation ha	t the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	nt and agree to act in this capac i statutes retaitve to the proper a e obligation of my position as re- in the registered office address, ange.	ity. nd complete performance ciptered agent. Or, if this I hereby confirm that the	
By:UIL	CT Corporation System	10/1/2007		
(Si	gnature of Registered Agent)	(Date)		
if signing on be	chalf of an entity:  Erin McBre Amistant Sec	-		
(1	Typed or Printed Name)	idio f	•	
	* * * FILING	G FEE: \$35.00 * * *	٠	
M. CRZE045 (8/05)	MAKE CHECKS PAYABLE TO AIL TO: DIVISION OF CORPORATION	DFLORIDA DEPARTMENT OF STA NS, P.O. BOX 6327, TALLAHASSE	TE B. FL 32314	
7 004 - 000 47005 CM the	College			

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