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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 8, 2003

KEVIN M. HELMICH, P.A. P.O. BOX 5499 DESTIN, FL 32541

SUBJECT: PSYCHOSISTERS, L.L.C.

Ref. Number: L01000000043

We have received your document for PSYCHOSISTERS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 303A00049799

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: PSYCHOSISTERS, L.L.C. 2. The mailing address of the limited liability company is: 210 MASTERS COURT SANTA ROSA BEACH, FLORIDA 32459 **JANUARY 2, 2001** L01000000043 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: SHARON DINWIDDIE, ESQUIRE Name 586 GRAND BOULEVARD, SUITE #100 Address DESTIN, FLORIDA 32541 City, State and Zip 6. The name and address of the new registered agent and/or office: KEVIN M. HELMICH, ESQUIRE Name 4481 Legendary Drive Florida street address (P.O. Box NOT acceptable) DESTIN .FL 32541 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) SUZANNE BELL (Printed or typed name of signee) 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 obligations of my position as registered agent as provided for in Chapter 108, F.S. Or, if this document is being filed to merely reflect a change in the registered office address I hereby confirm in the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)

comply with the rand I am familian Chapter 608, F.S address I hereby