L0400001134				
(Requestor's Name) (Address) (Address)	700404175307			
(City/State/Zip/Phone #)	2023 HAR 20 MI 10: 07			
Certified Copies Certificates of Status	PECEWED 2023 MAR 20 PM 12: 25 ALLAHASSEE			

Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

. .

•

, **F**

	ACCOUNT NO.	: I2000000195	
	REFERENCE	: 596198 7872	917
	AUTHORIZATION	Barli P.	
	COST LIMIT	: \$ 25.00	
ORDER DATE :	March 17, 2023		
ORDER TIME :	9:05 AM		
ORDER NO. :	596198-015		
CUSTOMER NO:	7872917		

CHANGE OF AGENT

NAME: SUNRISE DETOXIFICATION CENTER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company:		ATION CENTE	ER, LLC
_ ()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	、	N	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2328 10th Ave. Suite 300-301		2328 10th	Ave. Suite 300-301
	LAKE WORTH BEACH, FL 33461	_	LAKE WO	RTH BEACH, FL 33461
	01/05/2004		L04000001	134
3.	Date of filing/registration in Florida	— 4.	I	Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of	the Floric	la Dept, of State:	
	NASON, NATHAN E	_		20
	Registered Office Address (MUST BE FLORIDA STREET	<u>'S)</u>	, 123 -	
	3001 PGA BLVD. #305			2023 HAR
	PALM BEACH GARDENS	33410		20
				······································
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ldress:	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	32301		
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability co of the lin	e State of Flor red office and ompany, it is 1 nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Juc	ly Fischer-Persson	Juc	ly Fischer-Pe	rsson, Authorized Person
Signa	Signature of a member or authorized representative of a member		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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

0 SUC nac

Signature of Registered Agent Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

> Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00