

LO7000043983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 3 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Life Community Mental Center, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Stevens
(Name of Person)

New Life Community Mental Center, LLC
(Firm/Company)

1690 NW 19th Terrace
(Address)

Miami, FL 33125
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR - 2 AM 10:57

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For further information concerning this matter, please call:

Jennifer Stevens at (305) 325-8620
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: New Life Community Mental Center, LLC

2. (a) Principal office address of limited liability company: 11690 NW 19th Terrace
Miami, FL
33125
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 11690 NW 19th Terrace
Miami, FL
33125
(Note: MAY BE POST OFFICE BOX)

4/25/07
3. Date of filing/registration in Florida

L07000043983
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Ramos, Joseph

Registered Office Address:

11690 NW 19th Terrace
Miami, FL
33125

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Jennifer Stevens

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

11690 NW 19th Terrace
Miami, FL
33125

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.

Jennifer Stevens
(Signature of a member or authorized representative of a member)

Jennifer Stevens
(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 608, 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.

Jennifer Stevens
(Signature of Registered Agent)

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

FILED
9 APR - 2 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA