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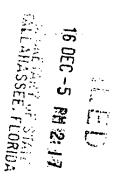
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TO:

INHS18 (2/14)

Registration Section

Division of Corporations COMPREHENSIVE ADDICTION REHABILITATION EDUCATION BUILDINGS, LLC SUBJECT: 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: James J. Dougherty, Esq. Name of Person Dougherty Law Group, LLC Firm/Company 7491 North Federal Highway C5-300 Address Boca Raton, Florida 33487 City/State and Zip Code jjdlaw@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jim Dougherty Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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 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. N	ame of the limited liability company: COMPREHE	ENSIVE ADDICTION REHABILITATION EDUCATION	ON
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	BULLOIMS	
	LAKEPARK, FL 33463	C5-300	
		BOCA ROTON, FL 23487	_
3.	/0/22/07 Date of filing/registration in Florida	4. Document number	_
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:	
	321 NORTHLAKE BLVD		
	Registered Office Address (MUST BE FLORIDA STREET		
	Juite 102		
	NORTH PALM BEACH FI		
	•	ed Office address:	
(b)	· · · · · · · · · · · · · · · · · · ·		
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	
	Dougherty Law Group, LLC	ed Office address:	
	NEW Registered Office Address:		
	7491 N. Federal Highway C5-300		
	Boca Raton , FI	_{FL} 33487	
the cha agent was/w	ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited 1	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in the limited liability company.	
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee	_
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	gree to act in this capacity. I further agree to comply with the le performance of my duties, and I am Jamiliar with and accel led for in Chapter 605, F.S. Or, if this document is being file I hereby confirm that the limited liability company has been	e pt d
Signati	ire of Registered Agent		

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