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STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office and registered agent in the State of Florida.

1. The name of the limited liability company: ADULT & CHILD MENTAL HEALTH CARE, LLC

2. Principal office and mailing address: 112 W. Cervantes Street

Pensacola, FL 32501

3. Date of filing in Florida: February 5, 2009

4. Document Number: L09000012405

5. Registered Agent and Office as shown

On the records of the Florida Dept. of State: Edsel F. Matthews, Jr.

308 S. Jefferson Street Pensacola, FL 32502

6. NEW REGISTERED AGENT AND REGISTERED OFFICE ADDRESS:

112 W Cervantes Febrack FL 3250

It is hereby confirmed that the change was 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.

ADULT & CHILD MENTAL HEALTH CARE, LLC

Karen P. Adams, Manager/Member

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.

Print Name:___

Registered Agent