

L 09000103276

(Requestor's Name)

1075 Fortune Parkway #1106  
JACKSONVILLE FL 32256

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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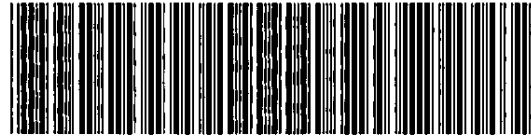
(Business Entity Name)

(Document Number)

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FILED  
10 JUN - 7 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 8 2010

EXAMINER

**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: NEUROPSYCHIATRIC ASSOCIATES, PLLC
2. (a) Principal office address of limited liability company: 10175 FORTUNE PARKWAY  
☒ SUITE # 1106  
JACKSONVILLE, FL 32256  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 10175 FORTUNE PARKWAY  
☒ SUITE # 1106  
JACKSONVILLE, FL 32256  
(Note: **MAY BE POST OFFICE BOX**)
- 10/26/2009 3. Date of filing/registration in Florida
- L 09000103276 4. Document number

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

Registered Agent:

MCKEE-FARODQUE, CARA

Registered Office Address:

117 GRAND MYRTLE DR  
PONTE VEDRA, FL 32081

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

**NEW** Registered Agent:

MCKEE-FARODQUE, CARA

**NEW** Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

10175 FORTUNE PARKWAY

SUITE 1106

JACKSONVILLE, FL 32256

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.

Cara McKee-Farodque  
Signature of a member or authorized representative of a member

Cara McKee-Farodque  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Cara McKee-Farodque  
Signature of Registered Agent

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

FILING FEE: \$25.00