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(Requestor's Name)		
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
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(Do	ocument Number)	•
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only

COVER LETTER

Division of Corporations	į
SUBJECT: Pathways to permitted	Pace Recovery Center LLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
William A. Peery JI	2 .
Pathways to peace Rec	covery Center LLC
147 Sevilla Avenue	<u>e</u>
Royal Palm Beach, t	9 33411
bill peev for gmail. Com E-mail address: (to be used for future annual report notification	<u>n)</u>
For further information concerning this matter, plea	ase call:
William Beery at (56 L) 676-9080 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 amo	unt:
\$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.

agent, or both, in the state of Florida.	0 10 0-11
1. Name of the limited liability company: Pathwa	ys to Peace Recovery centerly
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	411 NJ. Street Lake worth fr 33460
(b) Mailing address of limited liability company:	Pathways to feace Recovery Center
(Note: MAY BE POST OFFICE BOX)	147 Sevilla Ave. Royal Palm Bch. 12 3341
11109109	L09000108008
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	William A. Derry Irm
Registered Office Address:	Lake Worth, PC 33-160
	P
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	William A. Peery JR.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	147 Sevilla Avc.
	Royal Palm Beach ,FL 33411
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
WILLIAM A. PEEVY JR. Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of any accept the obligations of my proceed that the obligation of my provision of the provis	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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