

LD9 060 119 343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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EXAMINER



A T T O R N E Y S   A T   L A W

ORLANDO • OCALA

**GREGORY C. HARRELL**

**E-MAIL ADDRESS**

gharrell@mateerharbert.com

**DIRECT LINE  
(352) 351-8003**

November 9, 2011

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

Re: Statement of Change of Registered Office or Registered Agent or Both

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for each of the following:

1. Florida Community Based Care, LLC;
2. Lifestream Behavioral Center, Inc.;
3. Lifestream Behavioral Center Foundation, Inc.;
4. Lake Region Homes, Inc.;
5. Anthony House, Inc.; and
6. Florida Choices, Inc.

Also enclosed are 2 checks totaling \$200.00 to cover the filing fees in association with these statements of change.

Sincerely,

Gregory C. Harrell

GCH:dh  
Enclosures

2011 NOV 10 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANYS**

*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 is: FLORIDA COMMUNITY BASED CARE, LLC
2. (a) Principal office address limited liability company: 515 W. MAIN STREET  
(Note: MUST BE STREET ADDRESS) LEESBURG, FL 34748  
(b) Mailing address of the limited liability company: P.O. BOX 491000  
(Note: MAY BE A POST OFFICE BOX) LEESBURG, FL 34749-1000
3. 12/16/2009 L090000119343  
Date of filing/registration in Florida Document Number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent Corpdirect Agents, Inc.  
Registered Office Address 515 East Park Avenue  
Tallahassee, FL 32301  
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address  
NEW Registered Agent: Gregory C. Harrell  
Mateer & Harbert, P.A.  
NEW Registered Office Address: 7 E. Silver Springs Boulevard, Suite 500  
Ocala, FL 34470  
**(MUST BE FLORIDA STREET ADDRESS:)**

2011 NOV 10 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
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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.

Jonathan M. Cherry  
Signature of a member or authorized representative of a member.  
Jonathan M. Cherry  
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 obligation of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

GCH 11/8/11  
Signature of Registered Agent