

L11000095266

Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT CHANGE
FLORIDIAN BEHAVIORAL HEALTHCARE LLC**

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FLORIDIAN BEHAVIORAL HEALTHCARE LLC
TALLAHASSEE, FLORIDA

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DC

**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. Name of the limited liability company: Floridian Behavioral Healthcare LLC
2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
4699 North Federal Highway
Suite 104A Pompano Beach FL 33064
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
4699 North Federal Highway
Suite 104A Pompano Beach FL 33064
3. 8/18/2011 Date of filing/registration in Florida
4. L11000095266 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8875 Hidden River PKWY
Tampa FL 33637-1035

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

4699 North Federal Highway
NEW Registered Office Address:
Suite 104A
Pompano Beach FL 33064

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.

[Signature]
Signature of a member or authorized representative of a member

Shelvin Rice
Printed or typed name of signer

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. 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.

[Signature]
Signature of Registered Agent

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